Appointment

STATE OF CALIFORNIA
CDC 7362 (Rev. 03/04)

HEALTH CARE SERVICES REQUEST FORM

DEPARTMENT OF CORRECTIONS

PART I: TO BE COMPLETED BY THE PATIENT

A fee of $5.00 may be charged to your trust account for each health care visit.

If you believe this is an urgent/emergent health care need, contact the correctional officer on duty.

REQUEST FOR: MEDICAL ☑ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
LANG, D.	C 82576	Fac. A-1-201 L
PATIENT SIGNATURE: [signature]		DATE: 6-30-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) I went to a Doctors appointment Dr. Sykes [illegible] 6-23-08 For Pain management of sciatic nerve Pain and arthritis shoulder pain severe & cramps - But nothing was prescribed me for my Arthritis pain again [illegible] meds [illegible] don't work [illegible]

NOTE: IF THE PATIENT IS UNABLE TO COMPLETE THE FORM, A HEALTH CARE STAFF MEMBER SHALL COMPLETE THE FORM ON BEHALF OF THE PATIENT AND DATE AND SIGN THE FORM Please Provide Treatment Thank you!

PART III: TO BE COMPLETED AFTER PATIENT'S APPOINTMENT

☐ Visit is not exempt from $5.00 copayment. (Send pink copy to Inmate Trust Office.)

CDC 7362 (Rev. 03/04) Original - Unit Health Record Yellow - Inmate (if copayment applicable) Pink - Inmate Trust Office (if copayment applicable) Gold - Inmate

STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

IMPORTANT INFORMATION ABOUT YOUR HEALTH CARE VISIT

WHEN DO YOU HAVE TO PAY FOR A HEALTH CARE VISIT?

On July 8, 1994, a California State law was passed. That law gave the Department of Corrections permission to charge inmates a fee when they request a health care visit. The California Code of Regulations, Title 15, Div. 3 has also been changed because of this law.

With some exceptions, **YOU WILL BE CHARGED** a five dollar ($5.00) copayment fee for each health care visit that you request. This includes requests made for you by departmental staff, other inmates, your family or your attorney. If you request services that require more than one doctor, you will be charged for each visit with each doctor. This means if you request dental services and medical services, you will be charged for the visits with the dentist and the doctor/nurse.

The copayment fee will be charged to your trust account. If there is not enough money in your trust account over a period of 30 days, you will not be charged.

The copayment of $5.00 for this visit will cover your visit with a doctor, nurse, or dentist. It will also cover prescribed medicines, laboratory tests, and referrals to other doctors.

YOU WILL NOT BE CHARGED for health care visits that are for:

- an emergency
- a communicable disease (such as HIV, AIDS, and TB)
- mental health services
- follow-up health care services recommended by a doctor, nurse, or dentist
- health care services necessary to comply with State law and regulations (e.g., annual TB testing)
- reception center screening and evaluation
- inpatient services, extended care, or skilled nursing services

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☐

NAME	CDC NUMBER	HOUSING
LANG, D.	C82516	Fac. 1-1-241

PATIENT SIGNATURE	DATE
[illegible]	7-14-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) [illegible] 7-14-08 [illegible]
[illegible] I [illegible] The
[illegible] Right behind me and [illegible] which I [illegible]
[illegible] I was [illegible]
[illegible] were [illegible]

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STATE OF CALIFORNIA DEPARTMENT OF CORRECTIONS

HEALTH CARE SERVICES REQUEST
CDC 7362 PAGE 2

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REQUEST FOR: MEDICAL ☒ MENTAL HEALTH ☐ DENTAL ☐ MEDICATION REFILL ☒

NAME	CDC NUMBER	HOUSING
[illegible]	C82516	E-3-246L

PATIENT SIGNATURE	DATE

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had The Problem) [illegible]

[illegible]

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NAME	CDC NUMBER	HOUSING
[illegible]	[illegible]	[illegible]
PATIENT SIGNATURE		DATE
[illegible]		8-7-08

REASON YOU ARE REQUESTING HEALTH CARE SERVICES. (Describe Your Health Problem And How Long You Have Had the Problem) [illegible]

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EXHIBIT COVER PAGE

4

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

NUMBER OF PAGES TO THIS EXHIBIT: ____________ PAGES.

JURISDICTION: (Check only one)

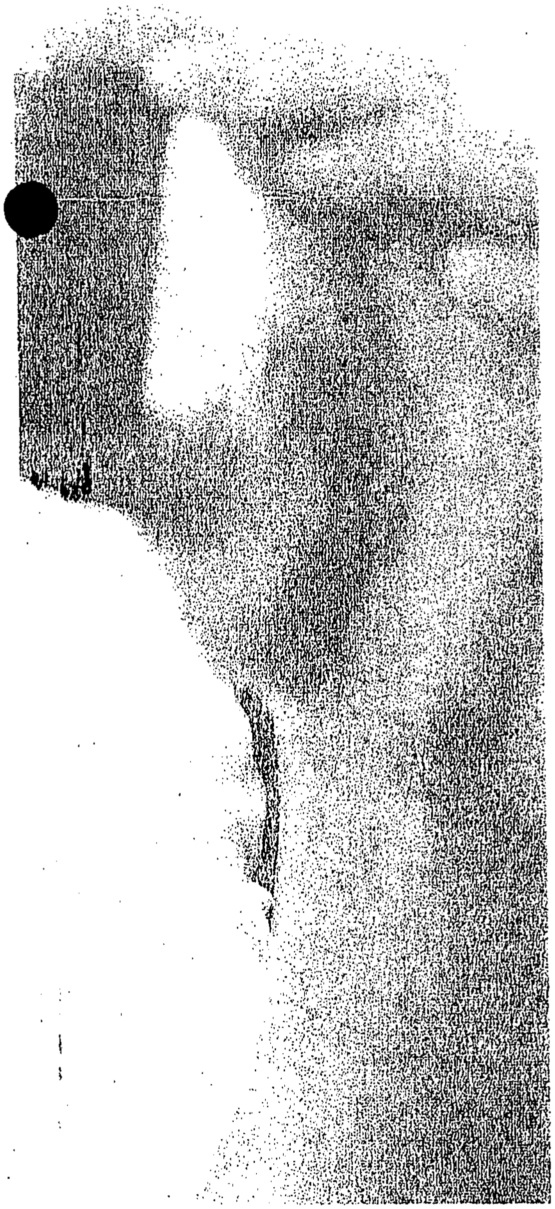
- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☐ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

Approved for use with Judicial Council forms Jan 1997

Drug Guide

BY MARY ANNE DUNKIN AND DONNA RAE SIEGFRIED

Make **good use** of **short visits** with your doctor. Use this guide to fill in blanks and **shape questions** about your meds.



WHEN YOUR DOCTOR HANDS YOU A PRESCRIPTION, HOW MUCH TIME DOES HE TAKE TO EXPLAIN why he wants you to take the medication, how and when you should take it and what potential side effects you should know about? Ten minutes? Five minutes? Guess again.

According to a survey by Morris Whitcup, PhD, president of Advanced Analytics Inc., a division of FIND/SVP Market Research in New York, doctors prescribing a new medication to a patient spend two minutes or less telling the patient about possible risks and side effects associated with the drug. And 26 percent of the patients surveyed reported they received no counseling whatsoever. The survey also revealed that the typical doctor sees more than 140 patients in a week – equivalent to one complete office visit every 15 minutes based on five eight-hour workdays – not allowing much time for thorough explanations. But just as patients wish for more time with their doctors, 70 percent of doctors wish they had more time to explain treatments to their patients.

During the brief time with your doctor, you may not have enough time to write down instructions, which could explain why more patients rely on their pharmacists more than their doctors for information about prescription medications. And it's also why *Arthritis Today* prepares the Drug Guide for you every year.

We want you to have a resource you can trust – one you can go to throughout the year to make sure that when your doctor does hand you a prescription for your arthritis or related condition, you can feel comfortable taking the medication or have the information you need to come up with questions for your doctor or pharmacist.

Top doctors in rheumatology help prepare this guide. They review current prescribing information looking for any changes, and they comment on instructions and side effects you should know about, so you can make good use of time with your own doctor and talk about *you* rather than background information about your medications.

Regardless of which type of arthritis you have, you'll find information here to help you talk with your doctors about the medication you take, know what side effects you might have to deal with, learn ways to minimize side effects and generally just feel better.

Following the Guide

ARTHRITIS TODAY'S 2006 DRUG GUIDE is your up-to-date listing of the many drugs top docs use to treat arthritis and related conditions. Before you dive into the pool of information, take a little time to become familiar with the guide and the categories of information you'll find in each of the drug class charts. One important caveat: Remember that none of the information in this guide is intended to be a tool for self-medication; instead, consult it for background information and then talk with your doctor about your condition and options for your treatment plan.

Brands

In each chart, medications are listed alphabetically by generic names, followed by the usually better-recognized brand names. Our panel of experts (see "Medical Review Panel," at right) and the *U.S. Pharmacopeia Dispensing Information (USP DI)* served as sources of information about which drugs to include in the guide. The inclusion of a certain drug or brand does not imply endorsement by *Arthritis Today* or the Arthritis Foundation, nor does the exclusion of a drug or brand imply it is inferior to those listed.

Dosages

For each drug, you'll find dosages listed representing the typically prescribed range. Some conditions require an initial high dosage of a medication, followed by a lower maintenance-level dosage. Always follow your doctor's recommendations about the dosage level that's right for you and your condition. Milligrams are abbreviated "mg" and milliliters, "mL." Also, the dosages listed are for adults up to age 65. Adults older than 65 and children typically require lower dosages.

Special Instructions

The charts provide important information about when and how to take particular medications, such as whether your drugs should be taken with food or on an empty stomach. Due to space limitations, however, we cannot include every instruction included on the package inserts. Always be sure to consult your doctor or pharmacist and read the literature that comes with your medication to make sure you are taking it correctly.

Possible Side Effects

The side effects listed are those more commonly identified in clinical trials and listed in each product's labeling, as well as those our panel of experts see most often in their patients. Side effects are listed in alphabetical order, not in order of likelihood or seriousness. Drugs affect different people differently. You may not experience any of the side effects listed, or you may experience side effects that are not in the list. Be sure to mention any side effects you experience to your doctor. Some unpleasant side effects can be eliminated by adjusting the dosage, whereas others resolve with time or the addition of another medication. However, some side effects are so unpleasant or dangerous that a drug must be stopped.

Be Aware

Additional important information to consider before or during the time you take a drug is listed here, from special blood or eye tests you may need to any pre-existing conditions you may need to consider when deciding whether to start a medication. If any of the words of warning apply to you, your doctor may monitor you for certain side effects, change your dosage or switch your medication.

Finding the Charts You Need

You may have to consult more than one chart to find the information you need about all the medications in your treatment plan. Arthritis conditions often require more than one type of medication. Below are some of the many forms of arthritis along with the types of drugs most often used to treat them. Keep in mind that just because a certain drug category is listed for a disease, that doesn't mean all or even most drugs within the category are used for that particular disease. In some cases, only one drug within a category is used.

BEHCET'S DISEASE corticosteroids, DMARDs

FIBROMYALGIA analgesics, fibromyalgia drugs, NSAIDs

GIANT CELL ARTERITIS corticosteroids

GOUT analgesics, corticosteroids, gout drugs, NSAIDs

JUVENILE RHEUMATOID ARTHRITIS (JRA) analgesics, biologic response modifiers, corticosteroids, DMARDs, NSAIDs

LUPUS analgesics, corticosteroids, DMARDs, NSAIDs

OSTEOARTHRITIS (OA) analgesics, corticosteroids (joint injections only), NSAIDs

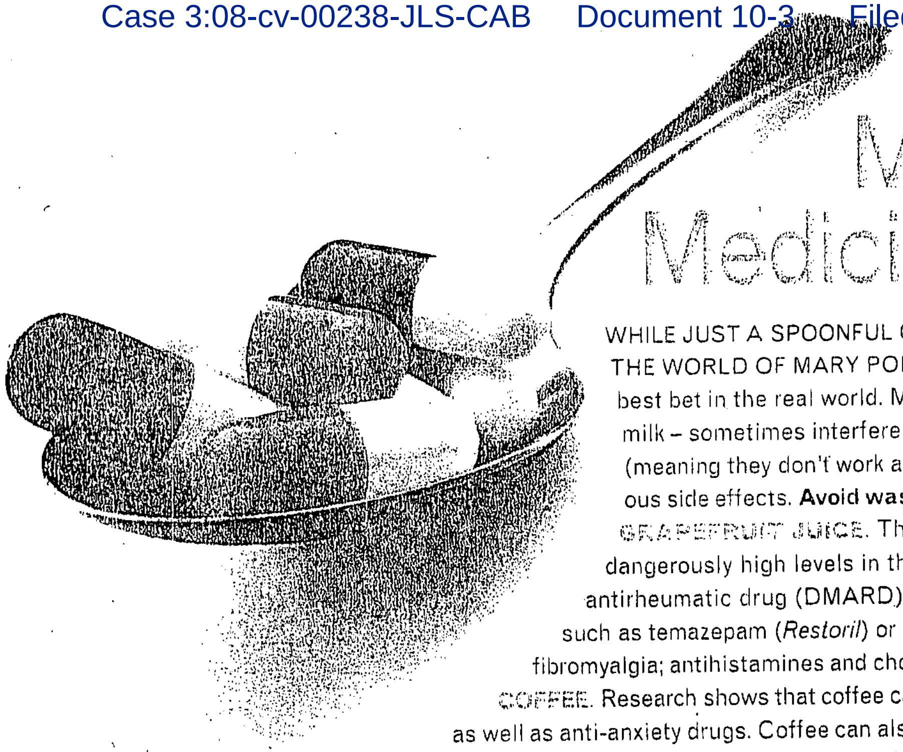
POLYMYALGIA RHEUMATICA corticosteroids

RHEUMATOID ARTHRITIS (RA) analgesics, biologic response modifiers, corticosteroids, DMARDs, NSAIDs

SJOGREN'S SYNDROME DMARDs, NSAIDs and sometimes corticosteroids

SPONDYLOARTHROPATHIES (e.g., ankylosing spondylitis, psoriatic arthritis, reactive arthritis)analgesics, biologic response modifiers, corticosteroids, DMARDs, NSAIDs

WEGENER'S GRANULOMATOSIS corticosteroids, DMARDs



Making the Medicine Go Down

WHILE JUST A SPOONFUL OF SUGAR MAKES THE MEDICINE GO DOWN IN THE WORLD OF MARY POPPINS, a plain ol' glass of water is probably the best bet in the real world. Many drinks – from fruit juices to coffee and even milk – sometimes interfere with medications, by either blocking their action (meaning they don't work as well), or interacting with them to cause dangerous side effects. **Avoid washing down medications with these drinks:**

GRAPEFRUIT JUICE. This citrus juice may cause some drugs to rise to dangerously high levels in the bloodstream, including the disease-modifying antirheumatic drug (DMARD) cyclosporine (*Neoral*); anti-anxiety medications, such as temazepam (*Restoril*) or zolpidem (*Ambien*), often used in the treatment of fibromyalgia; antihistamines and cholesterol-lowering medications.

COFFEE. Research shows that coffee can lessen the effects of the DMARD methotrexate as well as anti-anxiety drugs. Coffee can also cause stomach irritation if you are taking histamine (H2) blockers to prevent stomach upset related to nonsteroidal anti-inflammatory drugs (NSAIDs).

MILK. Although calcium is important in building bones, drinking milk with osteoporosis medications such as alendronate (*Fosamax*) or risedronate (*Actonel*) can interfere with the medications' ability to build bones. Wait an hour or two after your morning dose of medication to drink milk (or at least 30 minutes before eating or drinking anything except water). Milk can also interfere with the effectiveness of some tetracycline antibiotics, such as minocycline, which often is prescribed for people with rheumatoid arthritis (RA). And it can make the NSAID diclofenac (*Cataflam*, *Voltaren*) less effective.

ALCOHOL. Medications and alcohol do not mix. Alcohol can interact with some drugs, including acetaminophen (*Tylenol*), leflunomide (*Arava*) or methotrexate, increasing the risk of liver damage. Alcohol increases the risk of NSAID-related stomach ulcers and may also dangerously enhance the effects of drugs that depress the central nervous system, including narcotic analgesics, muscle relaxants and anti-anxiety medications.

MEDICAL REVIEW PANEL

Arthritis Today wishes to thank the experts who volunteered time to ensure the accuracy of this year's Drug Guide. Working from *U.S. Pharmacopeia Dispensing Information* package inserts for drugs and their own clinical experience in prescribing these drugs for their patients, these distinguished doctors have reviewed the entire guide, as well as focused on the chart in their area of expertise.

Daniel Clauw, MD, professor of medicine in the division of rheumatology at the University of Michigan, Ann Arbor, and executive director of the Chronic Pain and Fatigue Research Center and of the Center for the Advancement of Clinical Research at the University of Michigan, reviewed the analgesics chart.

N. Lawrence Edwards, MD, professor of medicine and director of the internal medicine residency program at the University of Florida College of Medicine in Gainesville, reviewed the chart on gout drugs.

Don L. Goldenberg, MD, chief of rheumatology at Newton-Wellesley Hospital in Newton, Mass., director of the medical research committee at Newton-Wellesley and professor of medicine at Tufts University School of Medicine, Boston, reviewed the chart on drugs used for fibromyalgia.

Eric L. Matteson, MD, professor of medicine and consultant in the department of internal medicine, division of rheumatology at the Mayo Clinic in Rochester, Minn., reviewed the chart on disease-modifying antirheumatic drugs (DMARDs).

Larry W. Moreland, MD, director of the General Clinical Research Center and the Arthritis Clinical Intervention Program and associate dean of medicine for clinical research and professor of medicine in the division of clinical immunology and rheumatology at the University of Alabama at Birmingham, reviewed the chart on biologic response modifiers (BRMs).

Harold Paulus, MD, professor of medicine in the division of rheumatology at the University of California Los Angeles (UCLA), reviewed the chart on NSAIDs.

Kenneth Saag, MD, associate professor and director of the Center for Education and Research on Therapeutics of Musculoskeletal Disorders at the University of Alabama at Birmingham, reviewed the chart on osteoporosis medications as well as the chart on corticosteroids.

Frederick Vivino, MD, chief of rheumatology, University of Pennsylvania Medical Center; director, Penn Sjögren's Syndrome Center; and chair, Medical and Scientific Advisory Board, Sjögren's Syndrome Foundation, reviewed the chart on Sjögren's syndrome.

Analgesics

For many people, pain can interfere with daily activities, disrupt sleep and generally reduce the quality of your life. That's why medications to ease pain are among the most-used drugs for many forms of arthritis.

Unlike NSAIDs, which relieve both pain and inflammation, analgesics are designed purely for pain relief. For that reason, they may be safe for people who are unable – due to allergies or stomach problems, for example – to take NSAIDs. They're also an appropriate – and possibly safer – choice for people whose arthritis causes pain but not inflammation.

The most commonly used analgesic, acetaminophen, is also the most widely available. Because of its low cost, effectiveness and safety, rheumatologists recommend acetaminophen as a first line option against osteoarthritis (OA) pain. Some people use

[illegible]	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS
Acetaminophen	*Non-prescription Anacin (aspirin-free), Excedrin caplets, Panadol, Tylenol* *Tylenol Arthritis*	325 to 1,000 mg every 4 to 6 hours as needed; no more than 4,000 mg per day 1,300 mg every 8 hours as needed; no more than 3,900 mg in 24 hours	Do not use with any other product containing acetaminophen. Do not use for more than 10 days for pain, unless directed by a doctor.
Acetaminophen with codeine	*Phenaphen with Codeine, Tylenol with Codeine #3*	15 to 60 mg codeine every 4 hours as needed (150 to 600 mg acetaminophen)	Never take more of this drug than your doctor prescribes because high doses of this drug can slow down breathing.
Hydrocodone with acetaminophen	*Dolacet, Hydrocet, Lorcet, Lortab, Vicodin*	2.5 to 10 mg hydrocodone every 4 to 6 hours as needed (Acetaminophen portion of medication varies)	Do not increase dose on your own because side effects increase and tolerance develops as dosage increases; do not stop abruptly unless advised to do so by your doctor; do not drive or operate heavy machinery until you know how your body reacts to this drug.
Morphine sulfate	*Avinza* *Oramorph SR*	30 mg per day in a single dose to start. Doctor may increase dose as necessary 30 to 100 mg every 12 hours	Take at the same time each day with or without food. Swallow whole. Do not chew or crush. Do not stop drug abruptly. Do not drive or use heavy machinery until you know how your body reacts to this drug.
Oxycodone	*OxyContin* *Roxicodone, OxyFAST, OxyIR (liquid)*	10 mg every 12 hours 5 mg every 6 hours as needed	Never chew or cut tablets; a potentially fatal dose can occur if the medication is released rapidly. Must be taken whole. Liquid may be mixed with juice, applesauce or pudding.
Oxycodone with acetaminophen	*Percocet* *Endocet*	5 mg oxycodone every 6 hours as needed. (Acetaminophen portion of medication varies depending on whether you are taking pills or capsules.)	
Propoxyphene hydrochloride	*Darvon, PP-Cap*	65 mg every 4 hours as needed no more than 390 mg per day.	Never take more of this drug than your doctor prescribes. Do not increase dose on your own because side effects increase and tolerance develops as dosage increases; do not drive or operate heavy machinery until you know how your body reacts to this drug.
Propoxyphene with acetaminophen	*Darvocet*	50 to 100 mg propoxyphene (325 to 650 mg acetaminophen) every 4 hours as needed not to exceed 600 mg propoxyphene per day	
Tramadol	*Ultram*	50 to 100 mg every 4 to 6 hours as needed	Do not increase dose on your own; do not stop abruptly unless advised to do so by your doctor; do not drive or operate heavy machinery until you know how your body reacts to this drug.
Tramadol with acetaminophen	*Ultracet*	75 mg tramadol every 4 to 6 hours as needed for up to 5 days (no more than 600 mg per day)	Do not increase dose on your own; do not stop abruptly unless advised to do so by your doctor. Do not take other medications containing acetaminophen. Do not drive or operate heavy machinery until you know how your body reacts to this drug.

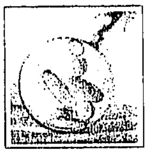
acetaminophen in addition to an NSAID for added pain relief (but always speak to your doctor before combining any medications, even those available without a prescription).

For severe pain that isn't eased by acetaminophen, doctors sometimes prescribe products containing opioid analgesics, such as codeine or hydrocodone. Sometimes these products also contain acetaminophen, such as oxycodone with acetaminophen (*Percocet*) or propoxyphene with acetaminophen (*Darvocet*) – so if your doctor prescribes one for you, make sure you don't get a double dose of acetaminophen, which can be toxic. Longer-acting opioid analgesics are available, too. Some of these come in pill forms, such as oxycodone (*OxyContin*); another option is transdermal fentanyl (*Duragesic*), a patch that delivers opioid medication through the skin.

POSSIBLE SIDE EFFECTS	BE AWARE
When taken as directed, acetaminophen is usually not associated with side effects.	**For acetaminophen-containing products** – If you consume three or more alcoholic drinks per day, consult your doctor before taking this medication. Mixing acetaminophen with alcohol can cause liver damage.
Constipation, dizziness, lightheadedness, sedation, shortness of breath, vomiting	**For all narcotic analgesics** – Over time, these drugs may cause psychological and physical dependence.
Constipation, dizziness, lightheadedness, mood changes, nausea, sedation, shortness of breath, vomiting and urinary retention	Before taking these drugs, let your doctor know if you use central nervous system depressants, such as antihistamines (allergy medications) tranquilizers, sleeping medications, muscle relaxants or narcotic pain medication, or if you have one of the following: liver disease or history of alcohol or drug abuse.
Constipation, drowsiness, nausea	Avoid taking more than one product containing acetaminophen.
Constipation, dizziness, drowsiness, dry mouth, headache, increased sweating, itching of skin, nausea, shortness of breath, vomiting, weakness	
Constipation, dizziness, drowsiness, dry mouth, headache, increased sweating, itching of skin, nausea, shortness of breath, vomiting, weakness	
Dizziness, nausea, sedation, vomiting	
Dizziness, nausea, sedation, vomiting	
Constipation, diarrhea, dizziness, drowsiness, increased sweating, loss of appetite, nausea	
Constipation, diarrhea, dizziness, drowsiness, increased sweating, loss of appetite, nausea	

Injections for Kids

[Tips to Ease the Anxiety]



No kid likes needles. But if your child needs medications to control her arthritis, chances are she (and you) will need to face the fear of needles at some point. To ease the sting of getting stuck (or in some cases, the anxiety of having to do the sticking), try these tips.

Numb the injection site. Rub the area with an ice cube just before injecting or, better yet, apply prescription lidocaine and prilocaine (EMLA) to the injection site one to three hours beforehand. This product desensitizes pain receptors and nerve endings in the skin and underlying tissue, making injections virtually pain-free.

Give it a pinch. When injecting medications that go just below the skin – such as adalimumab (*Humira*) or etanercept (*Enbrel*) – pinch up a piece of flesh on the thigh or abdomen, and inject quickly. The pinching not only makes it easier to insert the needle, it will distract your child from the slight discomfort of the injection. Believe it or not, your child may not feel a thing!

Let it sit. Medication fresh from the refrigerator can give your child an unpleasant feeling going in. When you remove medication from the refrigerator, allow it to sit 15 or 30 minutes before injecting.

Help him relax. Have your child take a deep breath, listen to favorite music, watch a favorite video or tell some jokes at injection time.

Distract her. For children who are old enough to have a concept of time, help them put the injection time into perspective. Remind them that most injections last 30 seconds or less and ask how much time that leaves in the day for not having a shot. By the time they come up with an answer, the shot will be over.

Let them sleep. Some parents have found that giving injections while their children sleep greatly reduces tears for parent and child alike.

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NSAIDs

Regardless of the type of arthritis you have, you're likely to take either a prescription or over-the-counter (OTC) non-steroidal anti-inflammatory drug. At low doses, these drugs help a wide range of problems – from muscle aches and headaches to minor pain and fever. At higher prescription doses, NSAIDs also help reduce joint inflammation.

NSAIDs fall into three basic categories – traditional NSAIDs, COX-2 inhibitors and salicylates – all of which work by blocking prostaglandins, hormone-like substances that contribute to pain, inflammation, fever and muscle cramps. However, there are subtle differences between all types of NSAIDs.

TRADITIONAL NSAIDs

With 20 prescription medications in the group – three of which are available in lower-strength, non-prescription doses – traditional NSAIDs are the largest subset of the NSAID class. Like all

TRADITIONAL NSAIDS

[illegible]	BRAND(S)	DOSAGE
Diclofenac potassium	*Cataflam*	100 to 200 mg per day in 2 or 4 doses
Diclofenac sodium	*Voltaren* *Voltaren XR*	100 to 200 mg per day in 2 or 4 doses 100 mg per day in a single dose
Diclofenac sodium with misoprostol	*Arthrotec*	150 to 200 mg per day in 2 to 4 doses
Diflunisal	*Dolobid*	500 to 1,500 mg per day in 2 doses
Etodolac	*Lodine* *Lodine XL*	600 to 1,200 mg per day in 2 or 3 doses 600 mg per day in a single dose
Fenoprofen calcium	*Nalfon*	900 to 2,400 mg per day in 3 or 4 doses; never more than 3,200 mg per day
Flurbiprofen	*Ansaid*	200 to 300 mg per day in 2 to 4 doses
Ibuprofen (no longer works)	Prescription: *Motrin* Non-prescription: *Advil*, *Motrin IB*, *Nuprin*	1,200 to 3,200 mg per day in 3 or 4 doses 200 to 400 mg every 4 to 6 hours as needed; no more than 1,200 mg per day
Indomethacin	*Indocin* *Indocin SR*	50 to 200 mg per day in 2 to 4 doses 75 mg per day in a single dose or 150 mg per day in 2 doses
Ketoprofen	Prescription: *Orudis*, *Oruvail* Non-prescription: *Actron*, *Orudis KT*	200 to 225 mg per day in 3 or 4 doses 150 or 200 mg per day in a single dose 12.5 mg every 4 to 6 hours as needed
Meclofenamate sodium	*Meclomen*	200 to 400 mg per day in 4 doses
Mefenamic acid	*Ponstel*	500 mg initial dose, then 250 mg every 6 hours as needed for up to 7 days
Meloxicam	*Mobic*	7.5 to 15 mg per day in a single dose
Nabumetone	*Relafen*	1,000 mg per day in 1 or 2 doses 2,000 mg per day in 2 doses
Naproxen Does not work	*Naprosyn* *Naprelan*	500 to 1,500 mg per day in 2 doses 750 mg or 1,000 mg per day in a single dose
Naproxen sodium	Prescription: *Anaprox* Non-prescription: *Aleve*	550 to 1,650 mg per day in 2 doses 220 mg every 8 to 12 hours as needed
Oxaprozin	*Daypro*	1,200 mg or 1,800 mg per day in a single dose
Piroxicam	*Feldene*	20 mg per day in 1 or 2 doses
Sulindac	*Clinoril*	300 to 400 mg per day in 2 doses
Tolmetin sodium	*Tolectin*	1,200 to 1,800 mg per day in 3 doses

SPECIAL INSTRUCTIONS

For all traditional NSAIDs – Do not take with other prescription or OTC NSAIDs. Take as directed at the same time every day. Take with food or an antacid.

For OTC NSAIDs – Do not take for more than 10 days for pain or more than 3 days for fever unless directed by a doctor.

For celecoxib – Do not take with other prescription or OTC NSAIDs. Do not take late in pregnancy.

For all salicylates – Take with food. Do not chew tablets; do not crush enteric-coated or time-release pills or mix with water. Do not combine with other NSAIDs.

medications, NSAIDs, even non-prescription versions, carry a risk of side effects, including stomach upset and gastrointestinal bleeding. For that reason, consult your doctor before taking any medication you buy without a prescription.

COX-2 INHIBITORS

Like traditional NSAIDs, COX-2 inhibitors help reduce pain and inflammation but are safer for the stomach. (See "Side Effect Solutions" on page 87.) Digestive tract studies have shown less stomach damage from COX-2 inhibitors compared to traditional NSAIDs; however, COX-2s have not been used as long as other NSAIDs.

Studies to determine the incidence of side effects and safety continue. In fact, in late 2004 and early 2005, two COX-2s, rofecoxib (*Vioxx*) and valdecoxib (*Bextra*), were withdrawn from the market after several large studies showed increased cardiovascu-

POSSIBLE SIDE EFFECTS

For all NSAIDs – Abdominal or stomach cramps, pain or discomfort; diarrhea; dizziness; drowsiness; edema (swelling of the feet); gastrointestinal bleeding; headache; heartburn or indigestion; nausea or vomiting; peptic ulcer. All NSAIDs may cause an increased risk of serious blood clots, heart attacks and stroke, which can be fatal. This risk may increase with dose and duration of use. Patients with cardiovascular disease or risk factors for cardiovascular disease may be at greater risk. These drugs should not be used for pain in people having coronary bypass surgery.

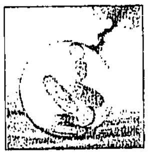
For diclofenac sodium with misoprostol only – Same as other NSAIDs except risk of gastric ulcers is decreased; risk of abdominal pain and diarrhea is increased

For celecoxib – Same as traditional NSAIDs, except less likely to cause bleeding and ulcers. Serious skin reactions or stomach problems, such as bleeding, can occurr without warning. The most common side effects are indigestion, diarrhea and stomach pain.

For all salicylates – Abdominal or stomach cramps, pain or discomfort; diarrhea; dizziness; drowsiness or lightheadedness; edema (swelling of the feet); headache; heartburn or indigestion; nausea or vomiting

When Relief Takes Time

[What to Do While You Wait]



"Good things come to those who wait" provides little consolation if you are waiting for your arthritis medication to take effect – a process that can take from 30 minutes to three months, or more. Fortunately, actions can be taken to make the wait a little easier and provide some relief.

Disease-modifying antirheumatic drugs (DMARDs). These drugs, including hydroxycholoroquine (*Plaquenil*), methotrexate, azathioprine (*Imuran*), can take anywhere from a few weeks to a few months to get your disease under control. To control inflammation in the meantime, your doctor may prescribe a limited course of oral corticosteroid medications, such as prednisone or methylprednisolone (*Medrol*).

Biologic response modifiers. Some people report relief after the first injection or infusion of a biologic agent; for others, relief takes several weeks. If relief isn't quick in coming, a short-term course of oral corticosteroids may help. If one or a few joints remain acutely inflamed, the injection of a corticosteroid into the affected joint(s) can provide relief while waiting for the full effects of the biologic.

NSAIDs. Although these drugs can start to take the edge off pain in as little as 30 minutes, getting full effects takes about two weeks of continual use. In some cases, doctors may prescribe oral corticosteroid medications to relieve inflammation while you wait for NSAIDs to work. You can help the wait by using cold compresses on hot joints, soothing sore joints in a warm tub or exercising or massaging painful joints gently. Taking NSAIDs consistently – even when your pain is under control – can help eliminate waits for relief. NSAIDs should only be taken for long periods under a doctor's supervision.

Analgesics. Pain-relieving drugs can take from 30 minutes to two hours to provide full benefits. Take your first dose prior to a painful procedure or take it at regular intervals for as long as your doctor advises, because it is easier to keep pain at bay than to stop it once it starts. Ask your doctor about taking an NSAID in addition to an analgesic or practice techniques, such as relaxation exercise, hot and cold applications or massage.

Gout medications. Drugs, such as allopurinol (*Lopurin*, *Zyloprim*) and probenecid (*Benemid*), that lower blood levels of uric acid (the culprit behind gout) can take from several months to a year to get gout under control. To control the pain and inflammation of acute attacks your doctor may prescribe quicker acting anti-inflammatories, including corticosteroids, colchicine or injections of adrenocorticotropic hormone (ACTH), a hormone that helps your body produce its own inflammation-fighting steroids.

Corticosteroids. Because corticosteroids work so quickly and efficiently to control inflammation, doctors often prescribe them while waiting for other drugs to work. But when inflammation-related organ damage is imminent, even oral corticosteroids may not work quickly enough. In those cases, doctors may infuse high doses of the intravenous corticosteroid methylprednisolone (*Solu-Medrol*), which begin to work almost immediately.

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NSAIDs

lar risks and, in the case of *Bextra*, risk of a serious skin reaction. A long-term study to evaluate the cardiovascular risks of *Celebrex* is currently underway. In the meantime, the FDA has asked manufacturers of all NSAIDs to include warnings on their labels and to provide consumers with medication guides. (See "COX-2 Update" at right.)

SALICYLATES

The original category of NSAIDs – the salicylates (suh-LIS-uh-lates) – includes aspirin and is still preferred by many patients and doctors. If you plan to take aspirin for more than occasional aches and pains, consult your doctor. Frequent large doses, which can cause some serious side effects, usually are needed to control arthritis pain and inflammation. Your doctor can work with you to determine the best dosage and help you prevent or manage side effects, including kidney problems and gastrointestinal bleeding.

Your doctor may prescribe a chemical variation referred to as a nonacetylated salicylate, which is specially formulated to have fewer side effects, if aspirin is too risky for you. Unfortunately, nonacetylated salicylates lack aspirin's beneficial protection against cardiovascular disease. Therefore, if you've been advised to take low-dose ("baby") aspirin to prevent a heart attack or stroke and your doctor prescribes a nonacetylated salicylate – or any other NSAID, for that matter – ask about continuing your low-dose aspirin along with it.

	[illegible]	BRAND(S)	DOSAGE	BE AWARE
COX-2 INHIBITORS	Celecoxib Doesn't work	*Celebrex*	For ankylosing spondylitis or OA: 200 mg once per day or 100 mg twice per day For RA: 100 to 200 mg twice per day	**For all traditional NSAIDs** – Before taking these drugs, let your doctor know if you drink alcohol or use blood thinners or if you have or have had any of the following: sensitivity or allergy to aspirin or similar drugs, kidney or liver disease, heart disease, high blood pressure, asthma or stomach ulcers. Because stomach ulcers or internal bleeding can occur without warning, regular checkups are important. Patients on long-term NSAIDs should have blood counts and liver enzymes checked periodically. With diclofenac, liver enzymes should be checked within four to eight weeks of starting the drug. **For mefenamic acid only** – This medication is for short-term relief of pain and should not be used for more than 7 days. **For all traditional NSAIDs** – Unlike low-dose aspirin, there is little evidence that NSAIDs will protect against heart attack or stroke. NSAIDs may be used with low-dose aspirin, but doing so may slightly increase risk of gastric bleeding. Before taking NSAIDs, tell your doctor if you take ACE inhibitors, lithium, warfarin or furosemide. Using ibuprofen along with low-dose aspirin may interfere with aspirin's effect in preventing heart attacks. **For celecoxib** – Unlike low-dose aspirin, there is no evidence this drug will protect against heart attack or stroke. Celecoxib may be used with low-dose aspirin, but may slightly increase ulcer risk. Before taking *Celebrex*, tell your doctor if you have had a heart attack, stroke, angina, blood clot, hypertension or sensitivity to aspirin or other NSAIDs. Tell your doctor if you have a sensitivity to sulfonamides, a type of sulfa drug, or to aspirin or other arthritis medications. **For acetylated salicylates** – Ulcers and internal bleeding can occur without warning, so regular checkups are important. Confusion, deafness, dizziness or ringing in the ears indicates you are taking too much. Before taking this drug, let your doctor know if you drink alcohol, use blood thinners or have any of the following: sensitivity or allergy to aspirin or similar drugs, kidney disease, liver disease, asthma or peptic ulcers. **For nonacetylated salicylates** – Dizziness, deafness or ringing in the ears indicates that you are taking too much. Before taking these medications, let your doctor know if you drink alcohol or use other NSAIDs. **For all salicylates** – If you are taking doses of more than 3,600 mg per day, your doctor should monitor salicylate levels in your blood.
SALICYLATES	**ACETYLATED SALICYLATES** **Aspirin (acetylsalicylic acid)** Doesn't work	**Non-prescription:** *Anacin, Ascriptin, Bayer, Bufferin, Ecotrin, Excedrin* tablets	2,400 to 5,400 mg per day in several doses	
	NON-ACETYLATED SALICYLATES **Choline and magnesium salicylates**	*CMT, Tricosal, Trilisate*	2,000 to 3,000 mg per day in 2 or 3 doses	
	Choline salicylate (liquid only) Doesn't work	*Arthropan*	3,480 mg or 20 mL per day in several doses	
	Magnesium salicylate Doesn't work	**Prescription:** *Magan, Mobidin, Mobogesic* **Non-prescription:** *Arthritab, Bayer Select, Doan's Pills*	2,600 to 4,800 mg per day in 3 to 6 doses	
	Salsalate Doesn't work for me	*Amigesic, Anaflex 750, Disalcid, Marthritic, Mono-Gesic, Salflex, Salsitab*	1,000 to 3,000 mg per day in 2 or 3 doses	
	Sodium salicylate	**Available as generic only**	3,600 to 5,400 mg per day in several doses	

Cox-2 Update

[More than a year ago, *Vioxx* left the market. Where do COX-2s stand now?]

Following the sudden withdrawal of *Vioxx* from the market in September 2004, calls and letters began pouring in from *Arthritis Today* readers. Some applauded Merck's decision to withdraw a dangerous drug. Some were emphatic that they and their doctors – not a drug company or the FDA – should be responsible for deciding if the drug's risks were too great. Still others just wanted to know how or if they might be able to continue getting the only drug that had helped their pain without upsetting their stomach.

The following February, the FDA convened an advisory committee to make recommendations as to whether the two remaining COX-2 inhibitors, celecoxib (*Celebrex*) and valdecoxib (*Bextra*), should be pulled from the market.

The advisory committee concluded unanimously that COX-2 drugs increase the risk of heart attacks and strokes, and that the drugs' labels – as well as labels for all NSAIDs – should carry strong warnings about the risks. But the majority voted for keeping all three drugs – including the previously pulled *Vioxx* – on the market, stating that for many people the benefits of the drugs (relief from pain and inflammation with reduced risk of stomach ulcers) outweighed the cardiovascular risks.

While the label changes have taken effect (and are reflected in this year's Drug Guide), *Vioxx* has not returned to the market. And last April, valdecoxib (*Bextra*) was removed from the market by its manufacturer, Pfizer, upon request of the FDA. Data showed that people taking *Bextra* for postoperative pain following coronary artery bypass surgery had two to three times the risk of heart attack, cardiac arrest, stroke or blood clots. That evidence – combined with the fact that *Bextra* carries risk for a rare but potentially life-threatening skin reaction and has not proven to be safer for the gastrointestinal system than the other COX-2s – led the FDA to request its withdrawal.

For many people, the benefits of *Bextra* or *Vioxx* are worth the risks, however. More than a year after the *Vioxx* withdrawal, readers continue to ask when and if they might get their medications. No one knows yet, but there have been hints of progress in that direction.

In Canada, health authorities have expressed some interest in approving the resumption of *Vioxx* sales. In June, an advisory panel to Health Canada, the Canadian equivalent of the FDA, reported that the available data on *Vioxx* justifies the marketing of the drug in Canada – provided the manufacturer submits a new drug application to be reviewed and approved by the agency. The FDA, too, has said it will carefully review any proposal from Merck for resuming the marketing of *Vioxx* and would likely discuss the review with the new FDA Drug Safety Oversight Board, which is charged with managing the flow of emerging drug safety information.

AS NECESSARY

"We are at a similar point in time with both [the FDA and Health Canada]," says Merck spokesperson Guy Bizzoco. Advisory panels in both countries made a recommendation to return *Vioxx* to the market, but to date there have been no decisions as to when or if this will actually happen. "At this point, Merck is continuing discussions with the FDA," says Bizzoco.

Though the return of *Bextra* is not expected, its manufacturer, Pfizer, will work with the FDA to explore how the drug could be made available on a compassionate use basis, says Jeanne Traflet, a Pfizer spokesperson.

"If the [manufacturer] proposes a program to provide limited access to patients who believe *Bextra* is the best drug for them, the FDA would be willing to consider this," says Joan Powers, an FDA spokesperson. While it may take some time to work out such a program, Pfizer is taking names of people who would be interested in receiving the drug when and if a compassionate use program is available. For more information, call 866/623-9872 or go to www.bextra.com.

DMARDs

Joint inflammation can cause irreparable damage if left untreated. Doctors know that prescribing a DMARD before damage occurs is prudent. As a result, people newly diagnosed with an inflammatory form of arthritis, such as RA, may be prescribed a DMARD much sooner than a person diagnosed 10 years ago.

DMARDs generally are effective, but they take time to show results – another reason to start them early. For example, hydroxychloroquine (*Plaquenil*) may take three or four months before you notice effects. Other drugs, such as methotrexate, work more quickly, but often not quickly enough. For that reason, doctors frequently prescribe an additional drug – such as a corticosteroid or an NSAID – to help control pain and inflammation while the DMARD starts to work.

DMARDs are most commonly used for RA, but some are also used for juvenile RA, ankylosing spondylitis, psoriatic arthritis and lupus. Some, such as chlorambucil (*Leukeran*) or cyclosphosphamide (*Cytoxan*) are used mainly to treat

[illegible]	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS
Auranofin (oral gold)	*Ridaura*	6 to 9 mg per day in 1 or 2 doses	Take with a glass of milk or water. If stomach upset occurs, take with food.
Azathioprine	*Imuran*	50 to 150 mg per day in 1 to 3 doses	Take with food.
Chlorambucil	*Leukeran*	2 to 8 mg per day in 1 or 2 doses	Use only for life-threatening organ disease.
Cyclophosphamide	*Cytoxan*	50 to 150 mg per day in a single dose orally. (This drug may also be given intravenously.)	Take oral medication with breakfast. Drink lots of fluids throughout the day and empty bladder before bedtime. Use only for severe organ disease.
Cyclosporine	*Neoral*	100 to 400 mg per day in 2 doses. Exact doses vary by weight.	Take at the same time every day, either with a meal or between meals.
Gold sodium thiomalate (injectable gold)	*Myochrysine*	10 mg the first week, 25 mg the following week, then 25 to 50 mg per week thereafter. Frequency may be reduced after several months.	
Hydroxychloroquine sulfate	*Plaquenil*	200 to 600 mg per day in 1 or 2 doses	
Leflunomide	*Arava*	10 to 20 mg per day in a single dose	
Methotrexate	*Rheumatrex, Trexall*	7.5 to 20 mg per week in a single dose orally. (This drug may also be given by injection.)	
Minocycline	*Minocin*	200 mg per day in 2 or 4 doses	Take on an empty stomach. Swallow whole with water. Drink plenty of fluids.
Penicillamine	*Cuprimine, Depen*	125 to 250 mg per day in a single dose to start, increased to no more than 1,500 mg per day in 3 doses	Take on an empty stomach, at least 1 hour before or 2 hours after any food, milk or medicine.
Sulfasalazine	*Azulfidine, Azulfidine EN-Tabs*	500 to 3,000 mg per day in 2 to 4 doses	

severe organ disease, such as the kidney disease caused by lupus or the vasculitis sometimes associated with RA. The dosages listed in this chart are for those with RA; depending on your specific condition and factors like disease severity, age, body weight and other medications you are taking, your dosage may vary.

Only two DMARDs – leflunomide (*Arava*) and auranofin (*Ridaura*) – were actually developed for RA. The others were borrowed from different areas of medicine: Hydroxychloroquine (*Plaquenil*) is a malaria drug, chlorambucil (*Leukeran*) and methotrexate are cancer medications and cyclosporine (*Neoral*) originally was developed to keep the body from rejecting transplanted organs.

Because DMARDs suppress the immune system, always watch for signs of infection – chills, fever, sore throat or cough – and report them to your doctor. You should speak with your doctor before getting any vaccinations while you are taking these drugs.

POSSIBLE SIDE EFFECTS	BE AWARE
Diarrhea, low blood counts, metallic taste in mouth, mouth ulcers, protein in urine, skin rash or itching	Before taking this drug, let your doctor know if you have or have had: adverse reaction to a gold-containing medication, a history of blood-cell abnormality, inflammatory bowel disease or kidney or liver disease. This drug can cause sun sensitivity, so minimize exposure to sunlight and wear sunscreen. Your doctor should order periodic blood and urine tests to check for effects on the blood and kidneys.
Fever or chills; loss of appetite; liver problems; low blood counts; nausea or vomiting; unusual tiredness or weakness	Tell your doctor if you use allopurinol or have kidney or liver disease. This drug can be associated with development of certain cancers, such as lymphoma. Your doctor may order periodic blood tests to check for effects on the blood.
Hair loss, low blood counts, missing menstrual periods, nausea	Let your doctor know if you have an active infection. Use of this drug makes you more susceptible to infections and certain cancers.
Blood in urine; darkening of skin and fingernails; hair loss; infertility; loss of appetite; low blood counts; missing menstrual periods; nausea or vomiting	Tell your doctor if you have liver or kidney disease, an active infection or high blood pressure. Use of this drug may make you more susceptible to infection and certain cancers. Your doctor should order periodic tests to check for side effects of this drug on the blood and urinary tract.
Headache; high blood pressure; increase in hair growth; kidney problems; loss of appetite; nausea	Tell your doctor if you have liver or kidney disease, active infection or high blood pressure. Because this drug's rate of absorption is unpredictable, your doctor should monitor it through blood tests. Use of this drug may make you more susceptible to infection and certain cancers. Do not take with St. John's wort, grapefruit or grapefruit juice.
Irritation and soreness of tongue; irritated or bleeding gums; metallic taste; skin rash or itching; ulcers or white spots on lips or in mouth or throat	Let your doctor know if you have any of the following: lupus, skin rash, kidney disease or colitis. Increased joint pain may occur for one or two days after injection, but it usually disappears after the first few injections. Your doctor should order periodic urine and blood tests to check for side effects.
Blurred vision; diarrhea; headache; increased sensitivity to sunlight; itching; loss of appetite; nausea or vomiting; rashes; abdominal cramps or pain	Let your doctor know if you have any eye problems, including a retinal abnormality. Because vision may be damaged with long-term therapy (given over several years) or high doses, you may need an eye exam when you start taking the drug and then every 6 to 12 months to detect retinal changes.
Dizziness; gastrointestinal problems; hair loss; headache; heartburn; high blood pressure; liver problems; low blood cell count; pain or burning in feet or hands (neuropathy); skin rash; stomach pain; sneezing; sore throat	Let your doctor know if you have active infection, liver or kidney disease or underlying cancer. Your doctor should order periodic tests to check for the drug's effect on the blood and liver. Either member of a couple who is taking leflunomide and is ready to conceive should go through an elimination process using the drug cholestyramine prior to conception.
Abdominal discomfort; chills; dizziness; fever; general feeling of illness; hair loss; headache; increased sun sensitivity; itching; liver problems; low blood counts; mouth sores; nausea and stomach upset; rashes; shortness of breath; yeast infections	Let your doctor know if you have one of the following: abnormal blood count, liver or lung disease, alcoholism, active infection or hepatitis. Your doctor should order chest X-rays, liver tests and blood counts before you start this drug and throughout treatment to monitor for side effects. Alert your doctor immediately if you have a dry cough, fever or difficulty breathing. It rarely can be associated with increased risk of blood diseases, such as lymphoma.
Cramps or burning of the stomach; diarrhea; darkening of the skin; dizziness; lightheadedness or unsteadiness; liver problems; sun sensitivity	This drug is not currently FDA-approved for arthritis. It is an antibiotic. Before taking this medication, let your doctor know if you have a sensitivity to tetracycline medications. In children, minocycline can cause permanent tooth discoloration.
Abdominal pain or upset; diarrhea; flushing; headache; increased sun sensitivity; itching; joint pain; loss of appetite; nausea or vomiting; skin rash	Let your doctor know if you have any of the following: penicillin allergy, blood disease, kidney disease or lupus. Because this drug can cause blood abnormalities and kidney damage, your doctor should order periodic blood and urine tests to check for unwanted effects. Take consistently; stopping and starting can worsen side effects.
Abdominal pain or upset; aching of joints; diarrhea; headache; increased sun sensitivity; itching; loss of appetite; nausea or vomiting; skin rash	Let your doctor know if you have any of the following: allergy to sulfa drugs or aspirin, kidney or liver disease or blood disease. Failure to drink adequate fluids while on this medication can lead to the formation of urine crystals. This drug can lower sperm counts and may interfere with conception. Your doctor should order periodic blood tests to check for side effects of this drug.

BRMs

The biologic response modifiers (BRMs, or "biologics") technically are a subset of DMARDs. Like DMARDs, the biologics actually stop disease progression; sometimes they initiate a long-lasting remission. Moreover, these drugs often work for people in whom other therapies have failed. In fact, studies show that two-thirds of people with RA respond favorably – some dramatically – to a biologic. In many cases, BRMs are used together with standard DMARDs, such as methotrexate.

Although the BRMs work in different ways, all inhibit proteins called cytokines, which contribute to inflammation. Adalimumab (*Humira*), etanercept (*Enbrel*) and infliximab (*Remicade*) block a cytokine called tumor necrosis factor-alpha (TNF-α); anakinra (*Kineret*) blocks a cytokine called interleukin-1 (IL-1).

Like many drugs, BRMs have a downside, most often, expense. Also, the drugs must be infused intravenously or injected. Researchers say that future agents may be less expensive and taken orally.

	[illegible]	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS	POSSIBLE SIDE EFFECTS
TNF-α INHIBITORS	**Adalimumab**	*Humira*	40 mg once every two weeks when given with methotrexate. Some patients not also taking methotrexate may benefit from taking 40 mg weekly.	Drug must be refrigerated but not frozen prior to use. Comes in prefilled syringes and may be injected into the thigh, abdomen or upper arm.	Redness and pain, itching, swelling and/or bruising at the injection site; upper respiratory infection
	Etanercept	*Enbrel*	25 mg on two different days per week given by subcutaneous (beneath the skin) injection or one 50-mg injection once weekly. For psoriasis, 50 mg twice weekly.	Drug must be refrigerated prior to use. Mix by injecting liquid into the vial containing medicine in powder form. Do not shake, instead swirl medicine prior to injection. May be injected into the thigh, abdomen or upper arm.	Redness and pain, itching, swelling and/or bruising at the injection site; upper respiratory infection
	Infliximab	*Remicade*	Dose is based on body weight and ranges from 200 mg to 400 mg per treatment for most patients. After three initial infusions at 0, 2 and 6 weeks, infusions are repeated every 8 weeks.	Drug is infused intravenously (I.V.) during a 2-hour infusion done in a doctor's office, clinic or hospital. Patients taking infliximab should also be taking methotrexate once a week by mouth or injection.	Infusion reactions (occurring during or shortly after the infusion), including chest pain, change in blood pressure, difficulty breathing and hives. Redness and pain, itching, swelling and/or bruising at the injection site; upper respiratory infection
IL-1 INHIBITOR	**Anakinra**	*Kineret*	100 mg given once daily by subcutaneous (beneath the skin) injection. 100 mg every other day for patients with severe kidney disease.	Refrigerate prior to use. Prefilled syringes can be self-injected with or without the aid of an automatic injector device (*SimpleJect*) available from manufacturer. Do not shake. May be injected into the thigh, upper arm or abdomen. Try to administer around same time every day.	Injection site reactions (usually occurring during the first 4 to 6 weeks of use), including redness, swelling, pain and bruising; low white blood cell count; upper respiratory infection

BE AWARE

For all BRMs – RA carries a higher risk of infection and lymphoma. It is uncertain whether BRMs increase lymphoma risk. Discontinue if you have a serious or recurrent infection (such as pneumonia). Do not take live vaccines; the pneumonia vaccine (*Pneumovax*) or flu vaccine can be safely given.

For adalimumab, etanercept and infliximab – Let your doctor know if you have or had a history of one of the following: active infection, recurrent infection, exposure to tuberculosis or a positive skin test for tuberculosis, or if you have a nervous system disorder including neurologic disorders such as multiple sclerosis, seizure disorders, myelitis or optic neuritis. Patients with congestive heart failure (CHF) should not be given either adalimumab, etanercept or infliximab.

For etanercept and infliximab – Rare reports of lupus (with symptoms such as rash, fever and pleurisy) have been linked to treatment with etanercept and infliximab. Lupus symptoms resolve when the medication is stopped. Multiple sclerosis has rarely developed in patients receiving etanercept or infliximab. Seizures have been reported with etanercept.

For infliximab – Infusion reaction may be treated by slowing the speed of infusion or by pre-treatment with acetaminophen, antihistamine (*Benadryl, Claritin*) or steroid medication (hydrocortisone, prednisone).

For anakinra – Serious infections, such as pneumonia, occur in approximately 2 percent of patients taking anakinra. Inform your doctor if you have a current infection or history of serious infection.

Corticosteroids

Corticosteroids are some of the oldest, most effective and fastest-working drugs for many forms of arthritis. When used properly and sparingly, corticosteroids have the power to spare joints, eyes and internal organs from damaging inflammation. In some cases, they even save lives. Unfortunately, they also have the potential to do great harm by causing brittle bones (osteoporosis), cataracts and elevated blood sugar – particularly if they are taken in high doses or for long periods of time.

To maximize benefits and minimize side effects, doctors prescribe corticosteroids in doses as low as possible and for as short of a time as possible to get the job done. Dosages vary widely and are based on your disease and the goals of treatment. For example, low doses – 10 mg of prednisone or less – may be sufficient for the joint inflammation associated with RA, whereas much higher doses would be needed to control lupus-related kidney inflammation.

By prescribing DMARDS, such as methotrexate, sulfasalazine (*Azulfidine*) or leflunomide (*Arava*) along with corticosteroids, many doctors find they can keep dosages of corticosteroids low. In some cases, DMARDs or a BRM, such as adalimumab (*Humira*), anakinra (*Kineret*), etanercept (*Enbrel*) or infliximab (*Remicade*) may eliminate the need for corticosteroids entirely.

When long-term use of corticosteroids can't be avoided, doctors may prescribe medications along with them to help treat or prevent associated osteoporosis. A number of new osteoporosis drugs have been approved in recent years and one of them – alendronate (*Fosamax*) – has specific indications for corticosteroid-induced osteoporosis prevention and treatment. (For more information on this and other osteoporosis medications, see page 86.)

Injections of corticosteroids directly into inflamed joints may help control inflammation limited to a few affected joints. This chart, however, lists corticosteroids given orally to treat widespread inflammation.

DRUG	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS	POSSIBLE SIDE EFFECTS	BE AWARE
Betamethasone	*Celestone, Celestone Soluspan*	Dosages of corticosteroids vary widely, according to the disease being treated. Taking either too much or too little can be dangerous. Take exactly the amount prescribed by your doctor.	Take with food. A single daily dose should be taken with breakfast. Sometimes the dose is split, taken 2 to 4 times per day. Don't stop medication abruptly; dosage must be tapered or reduced gradually.	**For all corticosteroids:** bruising; cataracts; elevated blood fats (cholesterol, triglycerides); elevated blood sugar; hardening of arteries (atherosclerosis); hypertension; increased appetite; indigestion; insomnia; mood swings; muscle weakness; nervousness or restlessness; osteoporosis; susceptibility to infection; thin skin	**For all corticosteroids:** Before taking these medications, let your doctor know if you have one of the following: fungal infection, history of tuberculosis, underactive thyroid, diabetes, stomach ulcer, high blood pressure or osteoporosis. If you are allergic to FD&C Yellow No. 5, do not take the 24-mg tablet of *Medrol*.
Cortisone acetate	*Cortone*				
Dexamethasone	*Decadron, Hexadrol*				
Hydrocortisone	*Cortef, Hydrocortone*				
Methylprednisolone	*Medrol*				
Prednisolone	*Prelone*				
Prednisolone sodium phosphate (liquid only)	*Pediapred*				
Prednisone	*Deltasone, Orasone, Prednicen-M, Sterapred*				

Osteoporosis

Not so many years ago, women who had or were at risk for the bone-thinning disease osteoporosis had one medication option – estrogen. Because bone mass quickly diminishes when levels of the hormone drop at menopause, replacing estrogen seemed a solution to the bone-loss problem.

While estrogen is still used – and is included in this guide – increasing medication options make osteoporosis treatment possible for men, children and women who don't want to risk estrogen's adverse effects.

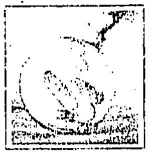
In addition to estrogen, drug options for osteoporosis fall into four categories: bisphosphonates (alendronate, ibandronate and risedronate sodium), calcitonin, selective receptor molecules (raloxifene hydrochloride) and the newest category, the bone formation agents (teriparatide). Osteoporosis drugs can slow bone loss, promote bone growth, reduce the risk of fractures and even ease the pain of fractures.

Regardless of the medication your doctor prescribes, ask about additional measures you can take – including a high-calcium diet, vitamin D supplements and bone-building exercise – to further improve bone health.

[illegible]	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS	POSSIBLE SIDE EFFECTS
Alendronate **Alendronate with vitamin D**	*Fosamax*	For corticosteroid-induced osteoporosis: 5 mg per day in a single dose (10 mg if postmenopausal) For osteoporosis treatment: 10 mg per day in a single dose or 70 mg per week in a single dose For osteoporosis prevention: 5 mg per day in a single dose or 35 mg per week in a single dose	Take with a full glass (8 ounces) of water first thing in the morning. Do not eat or drink anything else or take any other medication, including calcium tablets, for at least 30 minutes. Stay upright (sitting or standing) for at least 30 minutes after taking the drug to avoid irritating the esophagus.	Abdominal or stomach pain; heartburn
Calcitonin (nasal spray)	*Miacalcin*	200 IUs per day in a single dose	Alternate nostrils daily. Store medication in refrigerator prior to opening. Store at room temperature after opening.	Crusting, patches or sores inside the nose or other signs of nasal irritation; nosebleeds; runny nose
Estrogens	With progesterone: *Premphase, Prempro, Activella* *Estratab, Estrace, Menest* *Menostar*	0.625 mg per day continuously in 28-day cycles (progesterone component of drug varies depending on day of cycle) 0.3 mg to 0.6 mg per day in a single dose 1 mg estradiol patch delivers 14 mcg estradiol per day for 7 days	Apply patches to clean, dry skin of lower abdomen.	Bloating of stomach; breast pain; increased breast size; nausea; swelling of feet and lower legs; weight gain Increased risk of breast cancer and cardiovascular disease
Ibandronate	*Boniva*	150 mg taken as a single monthly dose	Take only with one cup of water first thing in the morning. Swallow pill whole while sitting or standing; stay upright and avoid food for 60 minutes.	Abdominal or stomach pain; heartburn
Ralxoifene hydrochloride	*Evista*	60 mg per day in a single dose	Take any time of day with or without food	Blood clots in veins; hot flashes; leg cramps
Risedronate sodium **Risedronate with calcium**	*Actonel*	Risedronate sodium: single 5-mg daily dose Risedronate with calcium: single 35-mg weekly dose (*Actonel* is taken once weekly; calcium tablets taken other six days.)	Risedronate sodium: Take only with water in the morning. Swallow pill whole while sitting or standing; stay upright; avoid food for 30 minutes. Calcium tablets: Take with food.	Abdominal or stomach pain; heartburn
Teriparatide injection	*Forteo*	20 micrograms (mcg) per day in a single dose	Inject into the abdomen or thigh using a multidose, prefilled pen delivery device provided by the manufacturer.	Dizziness; leg cramps

Side Effect Solutions

[Make the Good Outweigh the Bad]



To minimize the risk of side effects, your doctor should prescribe the lowest dose of a medication that helps, and you should let your doctor know of any medical problems you have or medications you are already taking. Keep in mind that some potentially serious problems can be detected only by regular lab tests ordered by your doctor.

If you experience serious side effects, your doctor may decide to stop a drug. In other cases, you and your doctor can try to relieve side effects as you continue to take the drug and gain its benefits by trying the following:

BE AWARE

Before taking these medications, let your doctor know if you have problems with the esophagus, stomach or kidneys. Blood levels of calcium and vitamin D must be normal before starting therapy.

Before taking this drug, let your doctor know if you have a protein allergy.

Women who have not had a hysterectomy should take estrogen in conjunction with progesterone. Before taking this drug, consult with your doctor about the possible risk of heart disease, breast or uterine cancer, blood clots and other side effects. Let your doctor know if you have liver dysfunction or disease or hypersensitivity to the medication's ingredients. Estrogens should not be used for prevention of cardiovascular disease or dementia.

Before taking this medication, tell your doctor if you are taking aspirin or aspirin-containing products, or if you have problems with the esophagus, stomach or kidneys. Blood levels of calcium and vitamin D must be normal before starting therapy.

This drug should not be used prior to menopause. Let your doctor know if there is a chance you could be pregnant or if you have a history of blood clots, or if you use cholestyramine or warfarin (*Coumadin*).

Before taking this medication, let your doctor know if you are taking aspirin or aspirin-containing products, or if you have problems with the esophagus, stomach or kidneys. Blood levels of calcium and vitmain D must be normal before starting therapy.

Do not use if you have ever had bone cancer or radiation or if you have high blood levels of calcium. Urinary excretion of calcium should be monitored if you have urinary tract stones or a high calcium level.

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SIDE EFFECT: STOMACH UPSET and NAUSEA **CULPRITS:** NSAIDs, DMARDs

POSSIBLE SOLUTIONS:

- Take the medication with food.
- Take a once-daily NSAID in the afternoon or evening, instead of the morning.
- Take NSAIDs with a drug that reduces stomach acid. These come in two types and include cimetidine (*Tagamet*), ranitidine hydrochloride (*Zantac*), esomeprazole (*Nexium*), lansoprazole (*Prevacid*) and omeprazole (*Prilosec*).
- Switch from an oral DMARD to an injected form. For severe problems, ask about anti-nausea and vomiting drugs such as granisetron (*Kytril*) or metoclopramide (*Reglan*).

SIDE EFFECT: STOMACH ULCERS **CULPRITS:** NSAIDs

POSSIBLE SOLUTIONS:

- Add misoprostal (*Cytotec*) to reduce the risk of stomach ulcers and promote healing of existing ulcers. Misoprostol comes in a combination product called *Arthrotec*, which also contains the NSAID diclofenac sodium.
- Switch to celecoxib (*Celebrex*), a type of NSAID called a COX-2 that has less risk of stomach ulcers.
- Avoid alcohol. Alcohol mixed with NSAIDs can increase gastric bleeding.
- Avoid taking an NSAID with another medication, such as an OTC cold remedy, which could also contain an NSAID and increase your risk of ulcers.

SIDE EFFECT: INSOMNIA **CULPRITS:** CORTICOSTEROIDS

POSSIBLE SOLUTIONS:

- Take a once-daily dose in the morning.
- Avoid stimulants such as caffeine that exacerbate sleeplessness.

SIDE EFFECT: DRY MOUTH **CULPRITS:** ANTIDEPRESSANTS, NARCOTIC ANALGESICS

POSSIBLE SOLUTIONS:

- Moisten your mouth with sugar-free gum or hard candies, or by sucking on ice chips.
- Try saliva substitutes, such as *Salivart*, *Xerolube* or *Glandosan*.
- Avoid alcohol or alcohol-containing mouthwashes that can make dry mouth worse.

SIDE EFFECT: MOUTH ULCERS **CULPRITS:** METHOTREXATE

POSSIBLE SOLUTIONS:

- Avoid salty or spicy foods or excess citrus fruits that can irritate ulcers
- Try topical pain relievers such as *Oragel* or *Zilactin* or ask your doctor or dentist about a prescription rinse or mouthwash to help ulcers heal.

Fibromyalgia

Fibromyalgia prompts doctors to prescribe medications for a variety of drug classes, but none of the medications used for fibromyalgia were actually developed for the condition or even approved by the FDA for treating it.

Nevertheless, a number of medications have shown effectiveness in randomized clinical trials of people with fibromyalgia; those are the drugs listed in this chart. These include the antidepressant medications, such as amitriptyline (*Endep*), duloxetine (*Cymbalta*), fluoxetine (*Prozac*) and paroxetine (*Paxil*); muscle relaxants, such as cylobenzaprine (*Cycloflex, Flexeril*) and certain analgesics, including tramadol (*Ultram*). The combination of 20 mg *Prozac* taken in the morning and 25 mg amitryptyline taken at night also has shown effectiveness in easing symptoms throughout the day and helping to ensure sleep at night.

Some preliminary studies using anti-seizure medications, such as gabapentin (*Neurontin*) and the drug pregabalin (*Lyrica*), are also demonstrating promising results in helping to ease pain, promote sleep and relieve fatigue.

You'll find some other drugs used for fibromyalgia in the charts on analgesics and NSAIDs. For many people with this painful condition, an NSAID or analgesic, such as over-the-counter acetaminophen, provides sufficient pain relief; others take an NSAID or analgesic along with one or more of the medications listed here.

[illegible]	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS	POSSIBLE SIDE EFFECTS
Amitriptyline hydrochloride	*Endep*	10 to 80 mg per day in a single dose	For all tricyclic antidepressants: Take at bedtime or several hours before bedtime to avoid "morning hangover."	Constipation; dizziness; drowsiness; dry mouth; headache; tiredness; weight gain
Cyclobenzaprine	*Cycloflex, Flexeril*	5 to 30 mg per day in a single dose	Take 2 to 3 hours before bedtime to reduce "hangover."	Blurred vision; dizziness; light-headedness; drowsiness; dry mouth
Duloxetine	*Cymbalta*	60 mg per day in two doses	Build dose gradually; taper dose slowly	Duloxetine and fluoxetine: Anxiety or nervousness; constipation; decrease in sexual desire or ability; decreased appetite; diarrhea; drowsiness; dry mouth; headache; hives or itching; increased sweating; nausea; restlessness; skin rash; tiredness or weakness; trembling or shaking; trouble sleeping. Side effects may continue after treatment is stopped
Fluoxetine	*Prozac*	20 to 80 mg per day in a single dose		
Tramadol	*Ultram, Ultracet*	50 to 100 mg three times daily		Constipation; diarrhea; dizziness; drowsiness; increased sweating; loss of appetite; nausea

BE AWARE

For amitriptyline hydrochloride – Before taking this medication tell your doctor if you are using another antidepressant or have any of the following: a history of seizures, urinary retention, heart problems or glaucoma or other chronic eye conditions. Because adverse side effects can occur if you stop using these drugs abruptly, discontinue them gradually. Know how you respond to these drugs before driving or operating heavy machinery.

For cyclobenzaprine – Before taking this medication, let your doctor know if you use alcohol or another central nervous system (CNS) depressant, such as antihistamines, cold or allergy medication, tranquilizers, sleeping medications, other muscle relaxants or narcotic pain medication, or if you have any of the following: glaucoma, problems with urination, cardiovascular disease or overactive thyroid.

For duloxetine and fluoxetine – Combining these drugs with alcohol or other central nervous system depressants (including antihistamines, narcotic medications and some dental anesthetics) can increase their effects and side effects. Taking with aspirin or other NSAIDs may increase risk of bleeding. Never stop taking these drugs abruptly. Your doctor will taper your dosage gradually. Do not take within 14 days of taking an monoamine oxidase (MAO) inhibitor. Patients and their family members should be aware of agitation and suicidal tendencies.

For tramadol – Do not increase dose on your own; do not stop abruptly unless advised to do so by your doctor; do not drive or operate heavy machinery until you know how your body reacts to this drug.

If you have gout, you know how painful a joint inflamed during a gout attack can be. Fortunately, gout is one of the most preventable and treatable forms of arthritis. Not only are there medications that can ease attacks, there are also medications that can help keep future attacks from happening.

Doctors often prescribe NSAIDs, corticosteroids or an anti-inflammatory medication called colchicine to quickly reduce pain and inflammation during attacks, but for long-term treatment, the most useful drugs are those that target the build-up of uric acid that deposits as crystals in the joint tissue.

The treatment your doctor prescribes to control gout and reduce future attacks depends on whether your body produces too much uric acid or doesn't excrete uric acid properly. If your body produces too much uric acid, a drug called allopurinol (*Lopurin, Zyloprim*) may slow uric acid production. Allopurinol is also helpful if your kidneys under-excrete uric acid. If your body doesn't excrete uric acid well, another drug – probenecid (*Benemid, Probalan*) – can help step up the process.

By taking your prescribed medication regularly – uric acid-lowering therapy is life-long – and following any diet or exercise program your doctor prescribes, you can dramatically decrease painful gout attacks.

DRUG	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS	POSSIBLE SIDE EFFECTS	BE AWARE
Allopurinol	*Lopurin, Zyloprim*	100 to 800 mg per day in a single dose. The dose is adjusted to achieve a serum uric acid level lower than 6 mg/dl.	Take immediately after a meal. Stop taking medication at the first sign of a rash, which may indicate an allergic reaction.	Skin rash, hives or itching	Before taking this drug, let your doctor know if you use azathioprine (*Imuran*) or if you have kidney disease. Acute gout attacks are common when this drug is started. These attacks can be minimized by taking lower doses and by taking the drug with colchicine or NSAIDs. Never start or stop allopurinol during a flare.
Colchicine	Available only as generic	0.6 to 1.2 mg per day in 1 to 2 doses for prevention; 0.6 mg every 1 or 2 hours (no more than 8 doses per day) to stop acute attacks	Take with food if stomach upset occurs. Drink plenty of fluids.	Diarrhea; nausea or vomiting; neuropathy; stomach pain	Before taking this drug, tell your doctor if you have intestinal, kidney or liver disease. Special caution is required in people who have an ongoing infection or are using immunosuppressive drugs.
Probenecid	*Benemid, Probalan*	500 to 3,000 mg per day in 2 or 3 divided doses	Take with food or an antacid. Do not take with aspirin or other NSAIDs. Avoid alcohol.	Headache; loss of appetite; nausea or vomiting	These drugs may interfere with the copper sulfate urine sugar tests taken by people with diabetes and lead to false-positive readings.
Probenecid and colchicine	*ColBenemid, Col-Probenecid, Proben-C*	1 tablet (500 mg probenecid and 0.5 mg colchicine) 2 times per day	Take with food or an antacid. Drink plenty of fluids. Do not take with aspirin or other NSAIDs. Avoid alcohol.	Diarrhea; headache; loss of appetite; nausea or vomiting; stomach pain	Before taking this drug, tell your doctor if you use cancer medications, heparin (*Calciparine, Liquaemin*), nitrofurantoin (*Furadantin, Macrobid, Macrodantin*), NSAIDs or zidovudine (*Retrovir*), or if you have any of the following: blood disease, intestinal disease, kidney disease or kidney stones.

Sjögren's Syndrome

"Food that tastes like paper" and "eyes that feel gritty" are descriptions from patients with dry mucous membranes caused by Sjögren's syndrome, which can occur by itself or along with autoimmune conditions such as lupus or RA. Just as joints and connective tissues can be attacked as part of the autoimmune condition, the moisture-producing glands also can be attacked.

The prescription medications available to treat dry eyes and dry mouth are listed here, but there are other treatments available over the counter to treat symptoms as well as prescription medications, such as hydroxychloroquine sulfate (*Plaquenil*) to treat other manifestations. Sugar-free chewing gum and candies, mouth sprays and rinses can help moisten the mouth and lessen discomfort. Eye drops can be used as needed (up to four times per day if bottles contain preservatives) and are available without prescription. The oral drugs listed here work internally to help your body produce more moisture in the mouth. The dry eye treatments add moisture to the eye or suppress eye inflammation. A surgical procedure to block the tear ducts (punctal occlusion) is an option for severe cases of dry eyes.

Other measures you can take on your own include sipping water throughout the day, avoiding smoking and caffeine and talking with your doctor about any medications you may be currently taking that could be drying your mucous membranes.

Mary Anne Dunkin, contributing editor for Arthritis Today, *and Donna Rae Siegfried,* Arthritis Today*'s medical editor, updated this year's Drug Guide.*

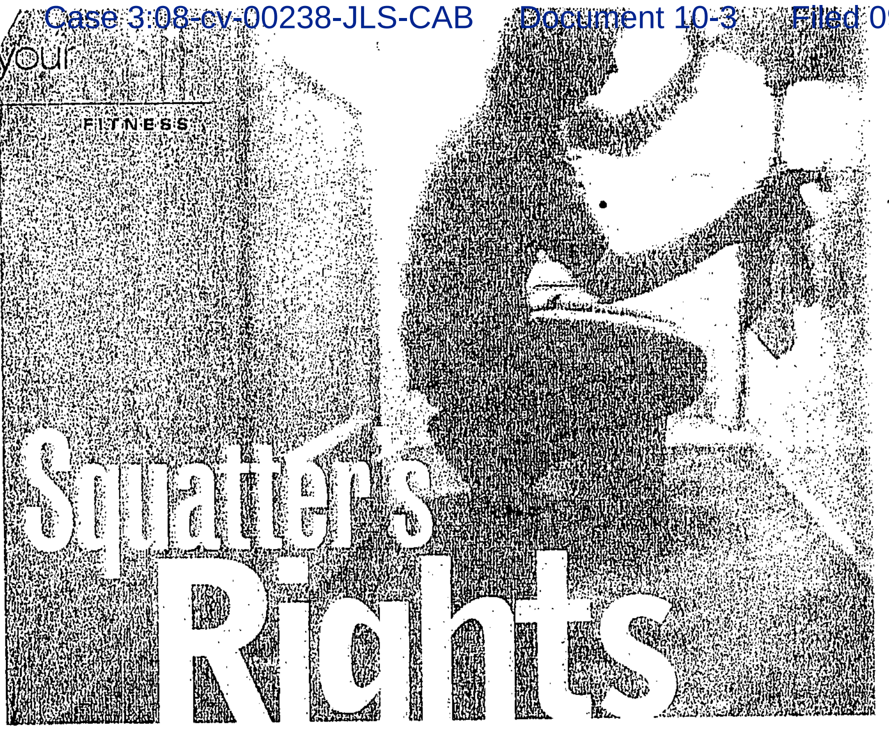
	[illegible]	BRAND(S)	DOSAGE	SPECIAL INSTRUCTIONS	POSSIBLE SIDE EFFECTS	BEWARE
DRY EYES	Cyclosporine ophthalmic emulsion	*Restasis*	One drop in each eye twice per day, approximately 12 hours apart	Single-use vials must be used immediately upon opening, and then discarded.	Blurred vision, burning, pain, itchy or stinging feelings in eye, discharge, foreign body sensation	Cyclosporine is an immunosuppressant. Do not use if you have an eye infection. Do not wear contact lenses while using this medication.
DRY EYES	Hydroxypropyl cellulose pellets	*Lacrisert*	1 pellet in lower lids twice per day	Small pellets are placed in lower eyelid. Adding artificial tears makes pellet dissolve, creating and locking in moisture.	Eye pain, irritation or redness of eye, vision changes	
DRY MOUTH	Cevimeline	*Evoxac*	30 mg three times per day	Start with a low dose and take after meals to minimize side effects. Allow 6 to 12 weeks of uninterrupted treatment before improvement is noticed.	Changes in heart rate (rare), diarrhea, excessive sweating, problems with night vision, nausea, rhinitis	Do not take if you have uncontrolled asthma, chronic bronchitis, chronic obstructive pulmonary disease, significant cardiovascular disease, acute iritis or narrow-angle glaucoma. Let your doctor know if you take beta-adrenergic antagonists (beta blockers).
DRY MOUTH	Pilocarpine	*Salagen*	5 or 7.5 mg three to four times per day, not exceeding 30 mg per day	Start with a low dose and take after meals to minimize side effects. Allow 6 to 12 weeks of uninterrupted treatment before improvement is noticed.	Changes in blood pressure or heart rate, flushing, headache, sweating, urinary frequency	

OTC Relief for Dry Eyes and Mouth

When Sjögren's syndrome leaves your eyes and mouth dry and uncomfortable, artificial tears and saliva products available over the counter can provide soothing relief and help prevent tissue damage.

Available in sprays, liquids and pretreated swabs, artificial saliva products are sold under a number of brand names, including *Glandosane, Moi-Stir, MouthKote, Optimoist, Oralube, Salivart* and *Xero-Lube*. To use these products, apply them directly to the tongue, gums and roof of the mouth, according to package directions. Although these products do not stimulate saliva production, they do provide temporary moisture and can be reapplied as needed.

Artificial tears (hydroxypropyl cellulose drops) are also sold under a number of brand names, including *Artificial Tears, Bion Tears, Gonak, Isopto Tears, Lacril, Nature's Tears* and *Ocucoat*. To use the tears, place one drop in each lower eyelid and then close eyes one or two minutes, so tears can absorb. As with artificial salivas, the benefits of artificial tears are temporary. They can be applied three or four times daily. Be sure to check specific directions on the product's packaging.



Squatter's Rights

Squatting can't – and shouldn't – be avoided. Here's how to do it right.

SQUATTING IS A FUNCTIONAL MOVE – HELPING YOU DO THE ACTIVITIES OF DAILY LIVING, SUCH AS GETTING POTS OUT OF A BOTTOM CABINET OR PICKING UP SHOES OFF THE FLOOR. Squatting also helps build strength in the legs and hips, and stronger muscles mean more stable joints. But squatting can be painful to sore knees if not done correctly. Too many people compensate for sore knees by bending over at the waist, which can lead to a sore back, says Cynthia Harrell, physical therapist and clinical coordinator of the arthritis and osteoporosis programs at the Duke Center for Living at Duke University in Durham, N.C.

When you go to reach into a low cabinet, Harrell says, hold onto the countertop and "sit" down, using the muscles in your arms and buttocks for lowering and pulling yourself up. If squatting this way is still painful, place a chair in front of the cabinet. "Reaching to the floor from a seated position is much less stressful on the knees," says Harrell.

The ability to squat without pain can be improved by doing these "wall squats" (see right). Start with 10 of them three times per week, says Harrell.

Stop at the point where you feel muscle pain, but continue to perform the exercise regularly, so that the non-painful range will increase as thigh and core muscles become stronger. "If done correctly, squatting is well tolerated by people with osteoarthritis of the knees," says Harrell.

Wall Squats Build Strength

1. Stand with back against a wall, feet shoulder-width apart, heels 18 inches away from wall. Keep knees in line with heels, not out in front of toes.
2. Breathe in and exhale as you squat by "sitting down" as far as you can go comfortably, without dropping buttocks lower than knees and keeping knees in line with heels.
3. Tighten abdominal muscles and flatten back against wall, or place a ball behind your back to keep you from moving too far forward. Inhale as you return to standing position, pushing up through heels (not off the balls of the feet) and working the muscles in the back of your legs and buttocks.

fitness STUDIES SHOW

What Keeps You Coming Back? Of a group of 347 people in North Carolina enrolled in the Arthritis Foundation Exercise Program, formerly called People with Arthritis Can Exercise (PACE), 51 people who participated in the eight-week program were interviewed. The main factors keeping them motivated to exercise included the ability to work at their own pace during class, confidence in being able to do the various exercises safely, deriving considerable social support from exercising in a group with other people who have arthritis and having an instructor who sustained their motivation.
SOURCE: *PREVENTION OF CHRONIC DISEASES*; VOL. 2, NO. 3

Exercise and Heat. A combination of exercise and heat wrap therapy significantly improved back pain in a study of 100 adults, aged 21 to 41, who had low back pain for three months or less. Of the people who exercised and used heat wraps for five days, 72 percent returned to pre-injury function within one week, compared with only 20 percent for those who used a heat wrap or exercises alone.
SOURCE: *SPINE JOURNAL*; VOL. 5, NO. 4

Regular Exercise Good for Foot OA. In a study of 221 men and women, aged 40 to 91, who exercised regularly and had osteoarthritis (OA)of the feet, researchers examined their feet for signs of worsening arthritis. Researchers measured the joint space for narrowing, an indication of cartilage erosion. The presence of bony growths and stiffening of tissues also indicated progression. Of the 221 people who exercised regularly, only eight people experienced progression of arthritis, indicating that regular exercise is not a risk factor for foot OA..
SOURCE: *JOURNAL OF THE AMERICAN PODIATRIC SOCIETY*; VOL. 95, NO. 4

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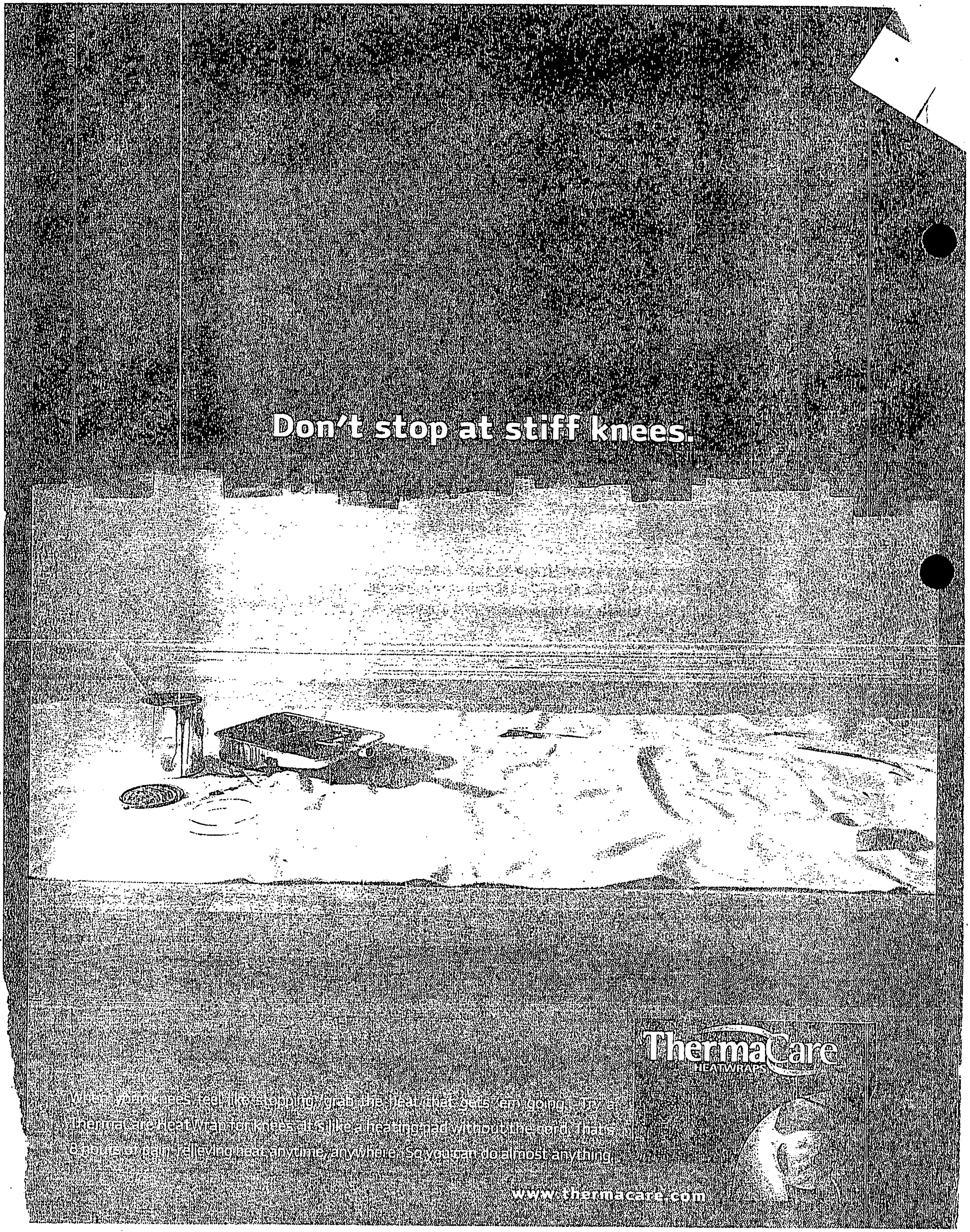
Don't stop at stiff knees.
ThermaCare
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Here's some inspiring news:

Lyrica® is the first and only FDA-approved treatment that can help relieve Fibromyalgia pain.

LYRICA®
PREGABALIN
capsules

Do you suffer from Fibromyalgia? The real, widespread pain condition which also makes daily activities difficult. Well, until recently, there were no medicines approved by the FDA specifically for the management of Fibromyalgia. Today there's prescription Lyrica (LEER-i-kah). The first and only FDA-approved treatment that can help relieve the pain associated with Fibromyalgia and can help improve function. So if you have Fibromyalgia, ask your doctor about the first and only FDA-approved treatment by name. Lyrica.

Prescription Lyrica is not for everyone. Some of the most common side effects of Lyrica are dizziness and sleepiness. Others are weight gain, blurry vision, dry mouth, constipation, euphoria, swelling of hands and feet, balance problems, trouble concentrating and increased appetite. Tell your doctor right away about any serious allergic reaction that causes swelling of the face, mouth or neck or affects your breathing or your skin. Also tell your doctor about any changes in your eyesight or muscle pain along with a fever or tired feeling. You may have a higher chance for swelling and hives if you are also taking certain high blood pressure medicines. You should not drive or operate machinery until you know how Lyrica affects you. If you have had a drug or alcohol problem, you may be more likely to misuse Lyrica. You should talk with your doctor before you stop taking Lyrica or any other prescription medication. Lyrica is one of several treatment options for you and your doctor to consider. *Please see important patient information on adjacent pages.*

To learn more visit lyrica.com or call toll-free 1-888-5-LYRICA (1-888-559-7422).

Uninsured? Need help paying for medicine? Pfizer has programs that can help, no matter your age or income. You may even qualify for free Pfizer medicines. Call 1-866-706-2400. Or visit www.pfizerhelpfulanswers.com. helpful answers

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PATIENT INFORMATION

Lyrica® *(pregabalin)* Capsules ℭ
(LEER-i-kah)

Read the Patient Information that comes with LYRICA before you start taking it and each time you get a refill. There may be new information. This leaflet does not take the place of talking with your doctor about your condition or treatment. If you have any questions about LYRICA, ask your doctor or pharmacist.

What is the most important information I should know about LYRICA?

1. **LYRICA may cause serious allergic reactions.**
   - **Call your doctor right away if you think you have any of the following symptoms of a serious allergic reaction:**
     - **swelling of the face, mouth, lips, gums, tongue or neck**
     - **have any trouble breathing**
     - **Other allergic reactions may include rash, hives and blisters.**
2. **LYRICA may cause dizziness and sleepiness.**
   - **Do not drive a car, work with machines, or do other dangerous activities until you know how LYRICA affects how alert you are. Ask your doctor when it is okay to do these activities.**
3. **LYRICA may cause problems with your eyesight, including blurry vision.**
   - **Call your doctor if you have any changes in your eyesight.**

What is LYRICA?

LYRICA is a prescription medicine used in adults, 18 years and older, to treat:

- pain from damaged nerves (neuropathic pain) that happens with diabetes
- pain from damaged nerves (neuropathic pain) that follows healing of shingles (a painful rash that comes after a herpes zoster infection)
- partial seizures when taken together with other seizure medicines
- fibromyalgia

LYRICA has not been studied in children under 18 years of age.

Pain from Damaged Nerves (neuropathic pain)

Diabetes and shingles can damage your nerves. Pain from damaged nerves may feel sharp, burning, tingling, shooting, or numb. If you have diabetes, the pain can be in your arms, hands, fingers, legs, feet, or toes. If you have shingles, the pain is in the area of your rash. You may experience this kind of pain even with a very light touch. LYRICA can help relieve the pain. Some people taking LYRICA had less pain by the end of the first week of LYRICA therapy. LYRICA may not work for everyone.

Partial Seizures

Partial seizures start in one part of the brain. A seizure can make you fearful, confused, or just feel "funny". You may smell strange smells. A seizure may cause your arm or leg to jerk or shake. It can spread to other parts of your brain, make you pass out, and cause your whole body to start jerking.

LYRICA can lower the number of seizures for people who are already taking seizure medicine.

Fibromyalgia

Fibromyalgia is a condition which includes widespread muscle pain and difficulty performing daily activities. LYRICA can help relieve the pain and improve function. Some people taking LYRICA had less pain by the end of the first week of LYRICA therapy. LYRICA may not work for everyone.

Who Should Not Take LYRICA?

Do not take LYRICA if you are allergic to any of its ingredients. The active ingredient is pregabalin. See the end of this leaflet for a complete list of ingredients in LYRICA.

What should I tell my doctor before taking LYRICA?

Tell your doctor about all your medical conditions, including if you:

- **have any kidney problems or get kidney dialysis**
- **have heart problems including heart failure**
- **have a bleeding problem or a low blood platelet count**
- **are pregnant or plan to become pregnant.** It is not known if LYRICA may harm your unborn baby. You and your doctor will have to decide if LYRICA is right for you while you are pregnant.
- **are breastfeeding.** It is not known if LYRICA passes into breast milk and if it can harm your baby. You and your doctor should decide whether you should take LYRICA or breastfeed, but not both.

Tell your doctor about all the medicines you take including prescription or non-prescription medicines, vitamins or herbal supplements. LYRICA and other medicines may affect each other. Especially tell your doctor if you take:

- angiotensin converting enzyme (ACE) inhibitors. You may have a higher chance for swelling and hives if these medicines are taken with LYRICA. See "What is the most important information I should know about LYRICA?"
- Avandia® (rosiglitazone) or Actos® (pioglitazone) for diabetes. You may have a higher chance of weight gain or swelling if these medicines are taken with LYRICA. See "What are the possible side effects of LYRICA."
- any narcotic pain medicine (such as oxycodone), tranquilizers or medicines for anxiety (such as lorazepam). You may have a higher chance for dizziness and sleepiness if these medicines are taken with LYRICA. See "What is the most important information I should know about LYRICA?"
- any medicines that make you sleepy

Know all the medicines you take. Keep a list of them with you to show your doctor and pharmacist each time you get a new medicine.

Tell your doctor if you plan to father a child. Animal studies showed that pregabalin, the active ingredient in LYRICA, made male animals less fertile and caused sperm abnormalities. Also, in animal studies, birth defects occurred in the offspring of male animals who were treated with pregabalin. It is not known if these effects would happen in people.

How should I take LYRICA?

- Take LYRICA exactly as prescribed. Your doctor may adjust your dose during treatment. Do not change your dose without talking to your doctor.

- Do not stop taking LYRICA suddenly without talking to your doctor. If you stop taking LYRICA suddenly, you may have headaches, nausea, diarrhea or trouble sleeping. Talk with your doctor about how to slowly stop LYRICA.
- LYRICA is usually taken 2 or 3 times a day, depending on your medical condition. Your doctor will tell you how much LYRICA to take and when to take it. Take LYRICA at the same times each day.
- LYRICA may be taken with or without food.
- If you miss a dose by a few hours, take it as soon as you remember. If it is close to your next dose, just take LYRICA at your next regular time. **Do not** take two doses at the same time.
- If you take too much LYRICA, call your doctor or poison control center or go to the nearest emergency room right away.

What Should I Avoid While Taking LYRICA?

- **Do not drive a car, work with machines, or do other dangerous activities until you know how LYRICA affects how alert you are.** See "What is the most important information I should know about LYRICA?"
- **Do not drink alcohol while taking LYRICA.** LYRICA and alcohol can affect each other and increase side effects such as sleepiness and dizziness. This can be dangerous.

Do not take other medicines without talking to your doctor. Other medicines include prescription and non-prescription medicines, vitamins, and herbal supplements. LYRICA and other medicines may affect each other and increase the side effects of swelling, sleepiness and dizziness. Be especially careful about medicines that make you sleepy (such as sleeping pills, anxiety medicines, tranquilizers and some antihistamines, pain relievers and seizure medicines).

What are the possible side effects of LYRICA?
LYRICA may cause side effects including:

- **allergic reactions.** See "What is the most important information I should know about LYRICA?"
- **weight gain and swelling of the hands and feet (edema).** Weight gain may affect the management of diabetes. Weight gain and swelling can also be a serious problem for people with heart problems.
- **dizziness and sleepiness.** See "What is the most important information I should know about LYRICA?"
- **eyesight problems.** See "What is the most important information I should know about LYRICA?"
- **unexplained muscle problems, such as muscle pain, soreness, or weakness.** If you develop these symptoms, especially if you also feel sick and have a fever, tell your doctor right away.

The most common side effects of LYRICA are:

- dizziness
- blurry vision
- weight gain
- sleepiness
- trouble concentrating
- swelling of hands and feet
- dry mouth

LYRICA caused skin sores in animals. Although skin sores were not seen in studies in people, if you have diabetes, you should pay extra attention to your skin while taking LYRICA and tell your doctor of any sores or skin problems.

LYRICA may cause some people to feel "high." Tell your doctor, if you have abused prescription medicines, street drugs, or alcohol in the past.

Tell your doctor about any side effect that bothers you or that does not go away.

These are not all the side effects of LYRICA. For more information, ask your doctor or pharmacist.

How should I store LYRICA?

- Store LYRICA at room temperature, 59 to 86° F (15 to 30° C) in its original package.
- Safely throw away LYRICA that is out of date or no longer needed.
- **Keep LYRICA and all medicines out of the reach of children.**

General information about LYRICA
Medicines are sometimes prescribed for conditions other than those listed in patient information leaflets. Do not use LYRICA for a condition for which it was not prescribed. Do not give LYRICA to other people, even if they have the same symptoms you have. It may harm them.

This leaflet summarizes the most important information about LYRICA. If you would like more information, talk with your doctor. You can ask your doctor or pharmacist for information about LYRICA that is written for health professionals.

You can also visit the LYRICA website at www.LYRICA.com or call 1-866-4LYRICA.

What are the ingredients in LYRICA?
Active ingredient: pregabalin

Inactive ingredients: lactose monohydrate, cornstarch, talc;

Capsule shell: gelatin and titanium dioxide; Orange capsule shell: red iron oxide; White capsule shell: sodium lauryl sulfate, colloidal silicon dioxide. Colloidal silicon dioxide is a manufacturing aid that may or may not be present in the capsule shells.

Imprinting ink: shellac, black iron oxide, propylene glycol, potassium hydroxide.

Manufactured by:
Pfizer Pharmaceuticals LLC
Vega Baja, PR 00694

LAB-0299-5.0

Avandia is a registered trademark of GlaxoSmithKline.

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June 2007 LYU00350A

BASEBALL

Grounding The Rocket

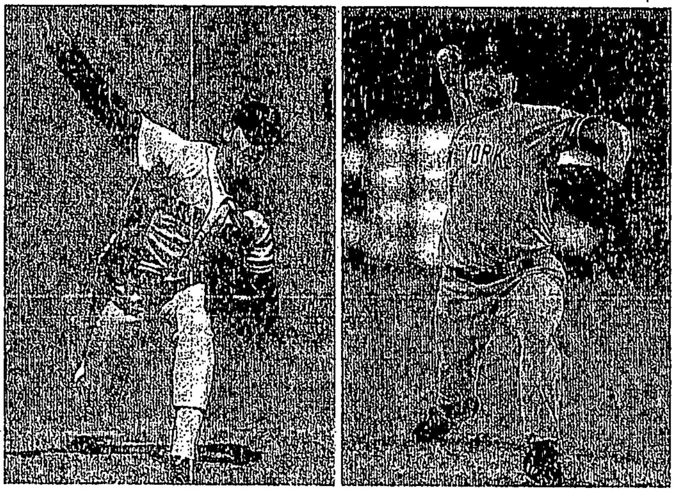
WHEN ROGER CLEMENS reported to Red Sox spring-training camp in Ft. Myers, Fla., in February 1996, he appeared headed for the swan-song stage of his career. "Rocket" Roger had slumped his last few seasons in Boston and now, at 33, he didn't even look like the same man. He was overweight and bloated. Boston Globe columnist Will McDonough dubbed him "the Pillsbury Doughboy." Clemens, remote and inarticulate, had always been more admired than beloved in Boston. So after he delivered a dismal 10-13 season, the Red Sox let him walk away as a free agent. And most Red Sox fans—myself included—said good riddance.

We were in for a shock. Clemens signed with the Toronto Blue Jays and won his first 11 games. I hustled up there to figure out how we all could have been so wrong. The Clemens I encountered was almost unrecognizable. He was Stallone-buff, and he once again possessed a 97mph fastball. He credited a fierce work ethic that he insisted he had maintained in Boston, too—"the 7 a.m. runs, the long workouts that you folks don't see before I even get to the ballpark." It was the start of a rejuvenated career that would establish him as the greatest pitcher of the modern era.

But last week, after a 21-month investigation into drug use in baseball, former senator George Mitchell offered an alternative explanation: in his report to Major League Baseball, he labeled Clemens a drug cheat who took steroids in Toronto and later for the New York Yankees. If true, Clemens's career becomes every bit as asterisk-worthy as that of Barry Bonds, baseball's career home-run king, who was also fingered in the report. Indeed, Clemens and Bonds, the pitcher and hitter who defied Father Time, may now stand together as the enduring symbols of the game's disgrace.

Clemens's attorney, Rusty Hardin, said in a statement that the pitcher is left without recourse against "what he strongly contends are totally false allegations." Baseball, Mitchell said, needs to get away from its past to progress to a better future. But his report seems destined to keep us mired in that messy past for a while to come—with Clemens smack in the middle of it. The case against him, based largely on one trainer's account, probably wouldn't stand up in court. But in the court of public opinion, it could bring a life sentence.

—MARK STARR

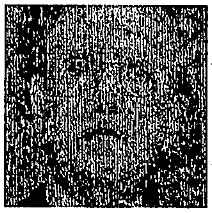


SOCKED: *Clemens with Boston in 1986 (above) and New York in 2007*

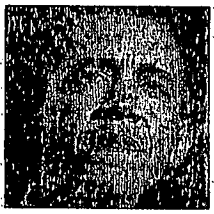
CONVENTIONAL WISDOM WATCH

Say It Ain't So Edition

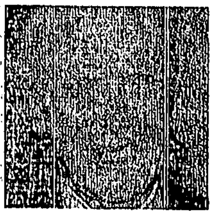
The CW was shocked to learn that baseball's brightest stars used steroids. Will ballparks be selling asterisks instead of peanuts?



Mitchell



Obama



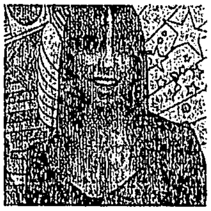
Watson

Hillary	↓	Former shoo-in now fighting for her political survival in Iowa, N.H. Bill to the rescue?
Obama	↑	Getting presidential at just the right time. And he has the Oprah glow.
Edwards	↔	Populist message is resonating, but his numbers aren't budging. Better get moving.
Huckabee	↑	He's the front runner. But now he has to answer for past extreme positions.
Giuliani	↔	Unconvincing and a little scary on Russert. But Mitt/Huck battle may help him in N.H.
McCain	↔	Down but not out. And only GOP who hasn't pulled a major pander.
Baseball	↓	Geo. Mitchell blows up The Rocket and others. Selig and Fehr should both resign.
Dr. Watson	↔	After saying that Africans have lower IQ, discovers he has African DNA. Perfect.

A CW LOOK AT SOME NEW MUSIC

Tunes Under the Tree

If you want to play something over the holidays besides "Frosty the Snowman," may we suggest Pitbull's "The Anthem."



Keys

Pitbull

Wainwright

Lupe Fiasco	↑	This rapper's second CD, "The Cool," defies the usual sophomore slump.
Alicia Keys	↔	"As I Am" is a fine record, but it still doesn't make her the new queen of soul.
Robert Plant Alison Krauss	↑	A rock legend. A Nashville crooner. A great album called "Raising Sand."
Rufus Wainwright	↔	"Rufus Does Judy at Carnegie Hall" is a stellar tribute to Garland minus the mess.
Pitbull	↑	Cuban-American rapper serves up a mix of hip-hop, salsa and attitude in "The Boatlift."
Céline Dion	↓	Unless you're a true fan, don't take a chance on "Taking Chances."

CW IS NOT NEWSWEEK'S OPINION, BUT AN INFORMAL DISTILLATION OF THE EVER-CHANGING THINKING OF BELTWAY PUNDITS AND THE CHATTERING CLASSES.

EXHIBIT COVER PAGE

5

EXHIBIT

DESCRIPTION OF THIS EXHIBIT:

NUMBER OF PAGES TO THIS EXHIBIT: ___________ PAGES.

JURISDICTION: (Check only one)

- ☐ CDCR Administrative Appeal
- ☐ California Victim Compensation And Government Claims Board
- ☐ Municipal Court
- ☐ Superior Court
- ☐ Appellate Court
- ☐ State Supreme
- ☐ United States District Court
- ☐ United States Circuit Court
- ☐ United States Supreme Court

Approved for use with Judicial Council forms Jan 1997

Start DATE: 2-8-06

MEDICAL JOURNAL

Date: 2-8-06 on 2-8-06 at approx. 10 15 hours I had sharp stabbing pains through my right side, approx. at liver area, bottom of right ribcage about midway towards stomach.

I've been experiencing debilitating pain in my shoulders right and left and my right knee cap area...

I'm depressed and frustrated and angry that I cant get adequate med. care for my problems...

Approximately 1248 hours and bump on right side of back throbbing - above Kidney area -

approximately 2050 hours the Lumpy masse on my back throb, Liver feels swollen and lumpy masses located under right lower ribcage. Liver feels hard, Abnormal. As opposed to Normally soft;

2-9-06 on 2-9-06 upon wake up at approx. 0530 hours Lumpy mass on right side lower back feel irratated and throb.....

2-9-06 my back is hurting me because my injured right Knee is giving me problems walking... my back is compensating for the injury causing me more pain...

1645 hours, my backs been in pain for hours, my shoulders hurt tramendously, and the Lumpy masses on my back have been throbbing for the past 3 or 4 hours.... This sucks!

2-10-06 0430 I wake up with my Liver swollen and causing soreness on right side by pushing on extriemities; Lumpy masses on back are throbbing causing me pain.

Lower back is still a bit sore, not as bad as yesterday; more bareable.

Right shoulder in pain, difficulty using it to extended movement; Left shoulder not bothering me with pain at this time

Right Knee is still in pain... I have difficulty walking...

2-11-06 throbbing minumally; I also have a slight soreness and irritation on right side in front under lower Ribcage...

1145 hours feeling nausiated, hot and soreness at right lower ribcage....

2-12-06 Lumpy masses on right side throbbing again; Right shoulder in pain, hard to use, and my right knee is hurting causing me to limp; I'm unable to play handball with my right knee injured this way and my shoulder's in such pain....

0930 hours I was climbing stairs and my right knee gave out causing me severe pain and inability to walk normally....

-13-06 my lower back is shooting pain into my Left leg....I Believe it's because it has been compensating for my injured and painful right knee, I've tried to streatch to reduce pain but has not yet worked...

2-14-06 Throbbing pain in lumpy masses on right...

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X, ☆

2-10-06 I went to Fac. / clinic Nurses Line today;
The nurse had ~~the~~ Doc. look at my masses
on my back and he said that they
are just fatty Deposits; I dont agree because
I told him that they throb, and I did not
ever have fat deposits that hurt before,
He Attempted to exPlain it away by saying
that if you rub them they could be irritated,
but I told him I dont rub them and
only touch them when they start throbbing
He ignored my concerns, and just said
its just fat Deposits and shrugged it
off.

The Nurse took my vitals and BP was
144/86; It seems to be lowering...
my Temp: was 98.8

2250 hours mass on right side of m
back is throbbing; I also feel mass
on Liver just at edge of rib cage.....

Doctor did not properly examine my Liver
today as I was on standing position.....

2-11-06 — Lumpy masses on right sid of back are=

Page 2

2-16-06 Pain in lower back was so severe I had to kneal on floor to get up and took 1600 mg of motrin...

2-17-06 1000 hours Lower back pain due to compensation for knee pain, Right knee;

1600 hours I'm feeling Nausiated and pressure pain on expremities of Liver area right side...

2-18-06 16 ~~00~~ feeling pressure pain on right side lower ribcage Liver area....

2-19-06 I am having pain or sorness in Kidney area on back ~~both~~ sides, its 0230 hours and the pain is what awoke me this time. Lumpy masses on back are irratating and sore also...

2-20-06 my Right knee is hurting and it seems to be hurting in the back side of the knee my shoulders are continuonsly in pain....

2-21-06 - I feel a bit of discomfort in Liver area on backside and the Lumpy masses...

2-14-06 ...side of back, Lower and middle area... shoulders giving me pain also, especially the right one, Lower back/buttox still in pain compensating for pain in right Knee... (0.63 hours)...

2-15-06 0300, I awake with pain from masses on both sides; my Kidney area seems to be very sore but pain could be comming from Lumpy masses on both sides of my back...

0600 hours I get up and soreness and pain still continuously throbbing since 0300 hours and before this morning; [illegible] Lumpy masses on both sides seem to be larger or inflamed but throbbing. It's hard to describe the pain and soreness comming from within my back either my Liver area or Kidneys...

2-16-06 1300 hours, I feel nausiated and my Liver area on right side feels inflammed; I also have severe pain in Lower back/Left leg that compensates for pain in right Knee...

Proof # 5

2-23-06 Liver area is hurting at lower, mid, and upper Right part of Bottom Rib Cage.... Shoulders are in pain and so is right Knee; my muscles are tightened, and knotted, and causing me pain shooting down left leg, hip, buttox that I believe is caused is from compensation of Right Knee Injury.... (Time 0645)....

2-24-06 I'm still feeling discomfort in liver and pain and I'm still feeling pain in knee (R), throbbing in lumpy masses on back and (R) side, and Pain in right shoulder and a little in left one....

[redacted] I went to RN Line this morning and
☆ my BP is okay. my reason for going is the throbbing masses in my back/side on (R-side).... nothing done, but reassured my other tests will be done (i.e. Liver ultra sound – gallbladder; Lipid test; & Hep-C test)... I informed nurse that masses were still bothering me/throbbing and some on my side now.... she scheduled me for Follow up Appointment with Doc....

2-24-06 are letting me know that they are still there... not as painful as before...

2-21-06 1310 hours, I'm back from Doctors Appointment. I waited for about 2/1½ hours to see Doc. while waiting I had pain in back Liver area and front also Throbbing pain from lumpy masses forming or crawling up back/side. Doctor ordered 3 things that I was told 1) ultrasound of Liver and Galbladder, 2) Lipped Test and 3) Hep-C Blood test; (will test show non-viral Hep) Doc. told me not to think about Liver and masses because he thinks I could be immagining it all or psychologically causing it pain, etc...

2-22-06 - Liver area has pressure on Ribcage. Left/Right Shoulders in pain.... Right Knee hurting....

2130 hours, my Liver is hurting or that area and I can feel it is a bit hard and bumpy at R/side lower part of Ribcage...

2-28-06 I got up this morning after a sleepless night and could feel, on right side, about middle area of bottom rib that there are either Lumpy masses there/my Liver is enflammed and/or my gallbladder is causing the soreness?

1210 hours and experiencing deep soreness beneath ribcage on right side of back approx. middle way down and middle on right side of Rib cage back....
Also ~~Lumpy~~ masses are swellon and Throbbing!

my knee (R) is hurting and I'm having problems walking and doing normal things like squating down knealing down, etc. my shoulders are also painful.

1300 hours, I'm nausiated and Liver is still bothering me.

3-1-06 — my Liver and Lumpy masses were bothering me all night and morning. They are still inflammed and throbbing!... my knee and shoulders hurt bad also... I can't seem

page #10

2-25-06 2030 hours aching masses on right side of back and my liver is bothering me... Knee and shoulders in much pain...

2-26-06 1100 hours, I used the toilet because, as on occasion, previously my flatulence has been liquid and I've had like a clear fluid (thicker than water) substance excreted from my anus;...

Today I used the toilet, and my stool Looked as if it had blood (Red) in it... I don't know for sure because it was spread throughout the stool and not contrated enough in one area to tell if it is blood. Just red Liquid...

2-27-06 I've had headache since yesterday, and my Liver has been hurting and bothering me since yesterday also... The lumpy masses on my back have been throbbing and inflammed since yesterday also!

2-28-06 I did not sleep much last night because
Page #91 my liver area is bothering me and inflammed

3-4-06 my pain is Not going away and the Lumpy mass on right side is irritating me... The area that it is is tender to the touch or sore and the mass is inflammed.

my shoulders (R/L) are hurting from the steel bed and lying on my side... I try to sleep on back but while sleeping I turn on side and end up getting severe shooting/stabbing pains in my shoulder I Lean on steel bed (Note: mat is to thin to reduce hardness of steel bed causing pain... I awoke in pain today at Approx 3: AM. couldn't go back to sleep (Also having nightmares

1-5-06 The masses on back are throbbing still and inflammed... Liver area on right, middle bottom rib feels Lumpy and is inflammed...

shoulder (L/R) and (R) Knee is in Pain and every time I move it just gets worse.... motrin does not seem to work... I'm going to try herbal remedy for joint pain and I'll get cortizone shots in shoulders tomorrow....

3-1-06 to get any relief from the pain, and I also can't seem to get any medical attention in a reasonable amount of time... motrin just doesn't help. It is not a panacea that works in my case, it's like putting a Bandade on a 10" cut that goes through the skin to the Bone....

1045 hours, I had severe stabbing pain under (R)-side, center lower Rib Cage, when I turned ~~in~~ that Direction....

3-2-06 my lumpy masses are still bothering me! liver is still bothering me or it's my gallbladder.... shoulders R/L and knee (R) are in pain continuously. I'm limping today real bad.... No relief in sight.

3-3-06 I awoke this morning at Approx. 330 AM and I'm in pain from lumpy masses on Right side of back, and my shoulders (R/L) are hurting bad from the steel bed.... It's hard to move my right Arm.... my lumpy mass on Right side is inflamned and I ... with that ... sore and hurt ...

3-8-06 Lumpy masses are inflammed... should and knee hurting... I will (should) be getting (L) shoulder injection today at 1500 hours...

3-9-06 I went to my Doctor's Appointment at 1500 hours; I waited [illegible] 1 1/2 hours until Doc finally showed up... He forgot our appointment... But gave me my shot in the left shoulder. (L) shoulder is feeling much better today... At Approx. 1145 hours I asked guard Brown if he was Denying me medical treatment when I asked to go to groups he said (Yes) and walked away...

3-10-06 I went to Alverado Hospital and had my ultrasound done... I felt very nausiated on the way there and my lumpy masses were inflammed a little... my knee hurts and my shoulders do also... since the shot of Cortizone, my (L) shoulder is less painful not totally without pain...

3-11-06 I awoke with lumpy masses on right side inflammed... my (R) knee and shoulders are hurting; (L) shoulder is not that bad but (R) is excruciating today...

3-6-06 The Lumpy masses on right Side of back are inflammed and irritating me with throbbing pain...

I reported to CTC today at Approx. 1200 hours for spec. services (TTA) but was turned away as all Ducats were cancelled according to guards on duty; I asked if I would be reducated and was told I would...

I've been experiencing severe pain in my (R) Knee, it gave out while trying to walk up Stairs in 3-Build; shoulders are in pain also and the Lumpy masses on (R) side of back are throbbing and ~~sw~~ inflammed...

3-7-06 Shoulders and Knee in pain; went to se Doc. and renewed meds, will be getting cortisone shots in Shoulders, and still waiting on Knee Specialist, and ultrasound --- Lumpy masses still swollen and irritating me!...

3-14-06 my Shoulders mostly (R) are hurting... my liver is causing pain by pushing on extremities and Lumpy masses are still inflamming... Right Knee keeps giving out and causing pain. .. Headache won't go away....

3-15-06 I got my shot in my (R) Shoulder today. It is feeling better but not totally... I'm slowly stretching & exercising it. [illegible] Knee still hurts... I'm having bad mood swings... and feel fearfull all the time; especially of Staff who are corrupt/Evil... Lumpy masses are inflammed... I don't think that they are Sebaceous cysts (SP) as the Doc. says they are... They keep throbbing and letting me know that they are there...

3-16-06 cysts or Lumpy masses are bothering me today and my liver is pushing on extremities again... (R) Knee still bad... Shoulders are better feeling but not totally.... (L) shoulder is still having enlargement of Tendons/causing pain, (R) Should better but still hurts some... I'm exercising and stretching them slowly... I having mood swings & ...

Page # 16

3-12-06 my Liver is hurting this morning...
The lumpy masses on back are swollen and throbbing...

my shoulders are paining me and my (R) knee is hurting...

I've been having psychological problems... not sleeping, severe Nightmares, Head rushes and severe mood swings... I am paranoid of cellies who seem to steal from me and pressure me... I'm stressed and can't live with Homosexuals and Chesters... I'm very Depressed and don't want to do anything...

my Liver and the lumpy masses have been bothering me all day and hurting. I've also been very tired...

3-13-06 Lumpy masses are inflammed and aching this morning... my Liver is Bothering me also... My shoulders are in severe pain today and my knee is also... I'm also having uncontrollable mood swings...

Pa 20 of 131

3-20-06 Still have enough people in my life, encouragement, and hope that I'll get better, and/or my situation will get better, to keep taking one more breath, one more step, going on one more day! This sucks!
I can't seem to ~~get these~~ flashbacks of abuse and evil people out of my mind; it angers me! Headache won't go!

3-21-06 Having bad mood swings, depressed, can't focus, bad dreams.... shoulders sore a little, (R) knee still hurting, and lumpy masses are inflaming and irratating me enough to know they are there. I'm very frustrated and feel hopless/helpless, but I'm still trying to focus and work spiritually on myself... nothing seems to help... I'm being stocked by two homosexuals; they came to me and asked if one of them could move in with me... I said I'm not looking for a cellie! No! I don't ~~want~~ to and can't be around people right now, I need space... I can feel the evil trying to crush me... I can't focus to do my work... flashback are present everyday. They don't seem to get better... I have a fearful feeling that never leaves me.......

Note: headache won't go away

3-17-06 (R)/(L) Shoulders are still sore but getting or feeling better somewhat... (R) Knee is still hurting... I'm having mood swings... and Nightmares every Knight, Not Sleeping much.. Being Stocked by Homosexual - Always staring at me and watching everything I do... can't Sleep with gays in cell and I'm experiencing flash backs of Abuses...

3-18-06 The masses on right side are inflamed and my Kidney Area is sore (R); I had an involuntary spasm in (R) Kidney area.... I thought masses were from my liver, but maybe from Kidney... when I twist or turn its sore...

3-19-06 Shoulders are a bit sore today, and I still having problems walking up stairs due to (R) Knee injury... Lumpy masses are still inflamed... depressed, frustrated and having mood swings still....

3-20-06 I'm tired today and unable to get motivated, forced myself to go to group, but that didn't seem to help... my Lumpy masses are inflamed ... [illegible] (sp)

Pg - #.

3-24-06 It seems like I'm tired all the time now... I'm having excruciating pain on (R) shoulder after hurting it while mopping floor. When I swung mop to right side, my shoulder gave me excruciating, debilitating pain that caused me to drop the mop and be unable to mop and complete the job. I've taken 2400 mg of motrin but it does nothing for the excruciating pain...

3-25-06 I was unable to sleep last night due to excruciating pain in (R) shoulder.. I've taken more motrin/Ibuprofen then I would like now (i.e. 4800 mg), yet it has done nothing for excruciating pain I'm having in (R) shoulder... It will not stop hurting! my right kidney area is hurting and the lumpy masses are still inflamming daily and throbbing even though I don't touch them! I'm going through severe withdrawals from not taking psych meds anymore... mood swings real bad, Depression, ect...

3-26-06 -(R) shoulder is still in excruciating pain and regardless of how much motrin and Tylonal I take, It has no relieving

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-22-06 Lumpy masses swollen and irritating me ... I'm having mood swings; I'm feeling really tired lately ... my shoulders still hurt, just not as much befor shots, my Right knee is getting stronger due to the exercise I'm doing, but it still gives out on me at times when it normally shouldn't ... Dreams/Flashbacks are still coming nightly/daily .... I have Headache ...

3-23-06 (R) Knee hurts today; shoulders are still in pain ... Lumpy masses still inflammed and I'm really tired today also; not getting lots of sleep and I'm having night dreams and daytime flashbacks ... I'm depressed, frustrated and feeling bad ... I'm feeling hopeless and helpless to do anything ... I feel like my life will end in prison! what's next? my clinician said I can go to CCCMS status, but that disturbs me ... Too many variables ... I'm afraid if I'm put into a gym Dorm or Dayroom again I'll lose it mentally; can't sleep as it is now ... That situation is worse ...

3-24-06 Lumpy masses are inflammed and aching ...
I [illegible] but I still have headache that

3-28-06 I feel like I want to vomit all the time.... Lumpy masses still inflamming and throbbing --- (R) shoulder hurting but less than yesterday; (R) Knee still injured and hurts - I was scheduled for orthopedics yesterday at 1630, but that Appointment was cancelled without reason given... I was told by guard on gate that I'd be re-ducated! still having Head rushes an terrible mood swings... Feel like I want to vomit! I'm tired... Angry and Depressed this sucks! ,...

3-29-06 (R) shoulder and Knee hurt - my (R) Knee has caused collateral damage from not being promptly fixed and now my (R) hip and lower back muscles are hurting and causing me to limp more and making it harder to walk... I'm going through terrible mood swings and getting bad head rushes dizziness and feeling of wanting to vomit... I'm going through bad withdrawal systems! Cannot focus for long! Depressed angry, sad, irritated and my heart is too anxious, people bother me --

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3-26-06 affect on my (R) shoulder pain... my (R) Kidney area is sore and can't seem to lay on that side long; (R) Knee is still injured -- Lumpy masses are still inflamming even though I "DoNot" touch them ... I've informed the Doctors several times about them. DR. Kahng, Jay and DR. Sasan, Salmi

3-27-06 I'm going through severe withdrawals from Psych meds I stopped taking on 3-25-06. I'm having mood swings and severe depression but I'm seperating myself from everyone so I don't lose control; Anger, Depression Hopelessness, Sadness, feel like all is wast of time ... Head rushes almost unbearabl so I just want to close my eyes and not move or do anything. I'm very paranoid and anxious around people. I'll stay away ... still having (R) shoulder Pain, inflammed Lumpy masses, sore (R) Kidney area or Lower; (R) Knee Pain, medical Doctors not doing anything for Knee for months now since Oct 2005 ~ Left in pain to suffer ... [illegible]

4-1-06 I'm having pain in lower front (R-side) of Liver, and I feel either lumpy masses at bottom of Rib cage, of Liver is hard in places; I also still feel lumpy masses at Kidney areas for which Doctors seem to be ignoring but I will persist to find out what they really are...

I'm having Pain in (R) Shoulder and Arm (ie Arthritis and I'm unable to fully utilize my right and left arms due to debilitating pain — (R) Knee still hurts and because it has gone unfixed or treated properly, it's causing collareral damage as my muscles in right lower back / Tail Bone seem to be compensating for knee injury and knotting up on me causing me even more pain — motrin / Tylenol does not seem to help — I've take 1000mg tylenol & 1600 mg of Ibuproffen (SP)

I'm still having sever withdrawal symptoms / problems from Effexor; I'm having head rushes, headaches, uncontrollable rage and mood swings, sometimes dizzy and unable to concentrate / focus, it's debilitating, and I'm

Page #24 having brutal withdrawal symptoms or 2

3-30-06 I'm still having bad headrushes and mood swings; depression, anger, sadness, helplessness, hopelessness, frustration; severe ringing in my head - feeling sick like I want to vomit at times; don't want to be around people... Aggravate easily anxious and in fear of people - me must stay away; can't concentrate long... (R) shoulder and knee are in pain and I'm having problems walking; Has caused muscle soreness in right lower back and more difficulty walking... Lumpy masses still present and irritating....

3-31-06 - Having terrible mood swings, depression, sadness, anger, frustration, stress, anxiety, paranoia, headrushes - headaches; Rage - Dreams/Flashb. Lower Back muscles/(R) Leg, Hip muscles are knotted up and causing me pain because (R) side/leg is compensating for injured and painful (R) knee...(R/L) shoulder in pain, (R) moreso than (L)... Lumpy masses still irritating! I'm having soreness in (R) kidney area....

[illegible]

4-3-06 Severe pain in (R) Shoulder, Also having prob. walking due to knotted lower back muscles compensating for Painful injured (R) Knee--- Lumpy masses still throbbing, inflamming, and seem to be getting bigger---soreness in (R) Kidney area still present---- I've taken 2400 mg motrin and 1000 mg. of Tylonal in attempt to gain relief from pain Severe / Brutal, nashing of teeth pain.

I'm also still experiencing head rushes, Ringing in head, Dizziness, Brutal mood swings... I will not get back on those mind altering chemicals... Anger, Rage, frustration, Depression, hopelessness and other thoughts persistant... vivid Dreams and Flashbacks of Abuses persistant... unable to concentrate / Focus for long, scared, easily and feeling of constant fear around people here, can't stop! —— This sucks!

I saw orthopedics Doctor today at approx. 1200 hrs. He scheduled me for Knee Surgery It's about time. Thank God! Now all I have to deal with is this Brutal Pain in Shoulder (R) mainly and persistant moodswings! (No relief)

4-1-06 ... Least that's what I think they are... I'm frustrated severely, Depressed, Angry, and short with everyone - I'm unable to control my thoughts and blurting out things I would not normally say... I'm being insensitive towards others, I'm frightened very easially and having intense fear feelings around people, helplessness, I'm very agitated... I usually have these and other feelings every day but not with such brutal intensity... Almost unbarable... uncontrollable crying, shame, and flashbacks of numerous events of past abuse, Physical/Sexual that happened to me... Rage - Nightmares of these events also - People trying to Kill me! I'm feeling anxious and fearful of everyone around me; I Keep Looking over my shoulder whenever I'm out of Room! I'm very, very [illegible] irritable and having angry outbursts or bouts even when I'm by myself ... Stop

4-2-06 I'm feeling the same way as yesterday... moodswings, head, rushes etc. ect. shoulders, back & (R) Knee hurtings, Lumpy masses inflamed...

Page #25 Frustrating, Anger - Rage, whatever

4-6-06 Saw clinitian today, problems not going away, still persistant—

4-7-06 Rage at Surface, emotional mood swings Brutal. I'm not doing good. having head rushes and Dizzyness, Depression Severe; Tears at surface; can't control anger, aggitation from people; Fear of and irritated by people, anxious and paranoid... Too emotional over reading BEH psych report Lies! still having Dreams/Flashbacks — seem's Like I'm there again and it's happening again; Also when I see people who Look Like abusers, I freak out and have to get away...

4-8-06 my withdrawal symptoms are still persistant, terrible!
The pain in my shoulder and Back (R&L) is Lessoning as I am taking my 750 methocarbmol 3x daily - But it has not totally given me relief yet.

4-9-06 I am still having headrushes, Dizzyness, mood swings, Anger, Rage, Depression Sadness, thoughts of hopelessness etc...
my Pain in (R) & (L) Shoulders is getting Lessor, but (R) shoulder is still hurting considerably ... Lumpy mass still there...

4-4-06 Brutal pain in (R) arm/shoulder, lumpy mass located there; may be just swelling of musckes, tendons, ect. . . . — All same problems still persist without adequate effective and meaningful treatment/ Relief given. . .

mood swings persist, head rushes dizziness, ect. can't seem to cope emotions on surface. - Anger, Attitude, rage, Depression, ect. . . Flashbacks/Dreams Still persistant . . . —

4-5-06 Bad mood swings - Emotions on surface unable to control crying. . . . Had c/m contact this morning. . . . Dizzy/headrushes, Anger, fear, and Depression overwhelming. I'm having thoughts of just ending it all - - - - need to see psychiatrist about nonformulary medication prescription of "St John's wort" with Fish oil in high Dosage . . . or Tryleptel (?) find out side effect and what it is.

Had Doctor's Appointment today about shoulder pain and knee pain with Back pain from collateral consequences of compensation of injured knee. spoke about concern about lumps.

4-14-05 my Lower back hurts as it's compensating for (R) knee injury – still having mood swings ✓ shoulders are hurt (R) shoulder and arm hurt the worse; Lumpy masses don't seem to stop inflamming including large one on right Arm, masses on Back Kidney/Liver areas; muscles knotted or nerve pinched at tail Bone.

4-15-06 Tail Bone and muscles in that area hurt, making me limp worse. Emotions are @ surface. Liver @ Lower (Bottom corner) (R) side feels inflammed and Lumpy

4-16-05 Lower Back/(R) knee in pain, shoulder (R) in pain and Attitude short.

4-17-06 Back & knee still in pain, (R) shoulder and Lumpy masses still Bothering me! Still haveing moodswings, Depression, Anxiety, frustration etc.

4-18-06 shoulder is hurting real bad, mood swings still happening and knee/Back still hurts; No Relief in sight. Frustrated!

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4-10-06 Lumpy mass still present on (R) arm, Pain in arm/Shoulder still present but reduced some from (Robaxan) methocarbamol - mood swings persistant, anger, Depression headaches etc. . . Lumpy masses are still sore and inflammed, and irritating one.

4-11-06 Frustrated and sick of writing same thing every day - stress, hopelessness, nothing being done - All Problems same as yesterday.

4-12-06 mood swings, Depressed, Angry, frustrated and hopeless among other things. shoulders and back and (R) Knee hurting . . . Lumpy mass on arm hurting and other lumpy masses on back inflammed . . . Liver area bothering me off and on . . . can't control my mood swings to much for me.

Talked with [illegible] about 602 for [illegible] staff Denial of group; He said [illegible] to not like medical issue and therefore won't suffer if missed I dissagree as I've experienced worse mood swings less ability to control them, frustration increased Depression helplessness due to not being able to go to group

4-13-06 Lower back hurting, (R) Knee hurting, R/L Shoulder hurting, (R) Arm lumpy Mass hurting, very tired today. not sleeping well, stressed and having uncontrolable mood swings amoung other emotions i.e. anger, Depressed feeling hopeless and like I just want to give up!

[illegible] Liver R/Kidney area [illegible] . . .

4-23-06 I'm not able ~~to~~ Keep up high dosage of St John's wort (i.e. 900 mg 3 caps daily) as I'm running out and can't afford to purchase more... I've attempted to make request to doctor's for perscription but that's been frustrated at every turn. I'm severely depressed, and hopeless and hurt everywhere... (R) shoulder, (R) Knee, (R) Lower Back hurt. Lumpy masses still throbbing letting me know they are there and inflaming...

4-24-06 Lumpy masses inflammed and throbbing also feel lumpy mass or hardened liver inflammed at lower (R) side ½ way down side bottom Ribcage from Stomach (solar plex) to side bottom Rib... Severely Depressed and Hurt allover... (R) Knee/Back, (R) Shoulder in pain, lumpy mass on (R) Arm inflammed! Nauseated!

4-25-06 Liver feels like it's putting pressure on extremities by inflaming; lumpy masses still inflaiming and throbbing; (R) Knee & Shoulder are hurting bad and (R) lower back making me limp more as muscles knot up and hurt. Have headaches, Depressed severely — Headrushes still persistant & I'm impotant! crap!

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4-19-06 my shoulder and Lumpy masses are hurting and irratating me. Shoulder pain is excruciating! mood swings, Depression and Attitude not good!

4-20-06 (R) Shoulder hurting, is just as bad as yesterday. (R) Knee is hurting worse then yesterday and Lumpy masses still bothering me. Doctor won't seem to do anything about them. Bad Attitude and mood swings today have been bad!

4-21-06 I'm frustrated - still having serious pain in Knee, Right shoulder and lower back compensating for Knee... mood swings still persist, but are milder after taking St. John's wort 900mg. and omega-3 1200mg. ... Lumpy masses still giving me throbbing pain and inflamming daily...

4-22-06 (R) Shoulder hurts, (R) Knee/Back hurts, and masses on side and Around Kidney/Liver area inflamming... I'm very severely depressed - feel Like giving up, everything's useless, hopeless, very emotional and Can't control. today I'm hurting all over! Bad! Don't want to be around people or anyone — can't

[illegible]

5-2-06 Pain in lower back and knee, having problems walking everyday so far... mood swings — (R) shoulder hurts, lumpy masses still bothering me... meds not working on pain...

5-3-06 (R) Lower Back compensating for (R) knee, both giving me bad pain, mood swings still present, Depression severe, Dont want to do anything — Frustrated at every turn — everything seems useless — cant function — need to see Psych about increased medication Dosage. —

5-4-06 (R) Hip and lower back/knee hurt bad. Lumpy masses still present and irritating me; causing throbbing dull pain. Leg feels like pain goes to the bone; Depression pain feels everywhere. I came close to ending it all yesterday, but I was not yet prepared; Everything must be in order, before I make the final decision... It feels like everything I've done to better myself was just a big waste of time if I'm never to be able to parole/Release and use it...

5-5-06 — Depressed and hurting everywhere —

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4-26-06 Inflammation of lumpy masses and throbbing pain; Throbbing is what brought my Attention to lumpy masses. (R) Knee and shoulder are sore; very Depressed... fearful; can't be around people... meds not stopping pain...

4-27-06 Same as yesterday... I'm tired of writing the same thing; frustrated, angry and feeling depressed!

4-28-06 ~~my~~ Knee (R) is hurting, (R) Shoulder is hurting and I'm going through mood Swings... meds not stopping pain...

4-29-06 still having bad mood swings, Depression, anger, frustration, feeling everything is useless. (R) Knee hurts, (R) Lower back and thigh hurts, compensating for right Knee. (R) Shoulder in Pain bad! (L) Shoulder much better but hurting a little today.

4-30-06 mood swings — (R) Lower back and Knee in pain (R) shoulder hurting —

5-1-06 mood Swings — Pain everywhere —

[illegible]

5-10-06 I'm Depressed, but my medication Lexapro has seemed to lessen the severity of emotional anxiety, sadness, and mood swings. I'm better able to control my emotions with the combination therapy of Lexapro 10 mgs, St. John's wort, 300 mgs; and 1200 mgs of omega-3 oils — Pain in (R) shoulder, (R) Knee, (R) hip, and (R) Lower back, Having problems walking... Lumpy masses on Back and center of (R) side throbbing and inflammed... Bothering me meds not working...

5-11-06 I'm in severe pain in Lower (R) back and hip and Knee... I'm unable to walk properly and pain free. It's getting worse. I'm putting in for pain management and walking aid today; I'm also in severe pain in my (R) Shoulder from Arthritis and Arm; my mobility in that arm is severely impaired... I am requesting pain management for that also as the Robaxin and Tylonol don't work on it except to maybe redue the swelling a bit...
I'm still depressed but Lexapro 10 mgs. meds seem to be masking the hurt and pain of that; in addition to the St John's wort 300 mg. and omega-3 oil 1200 mg. my Anxiety Level is reduced...

5-6-06 my shoulders are in pain; (R) lower back, thigh and (R) knee hurting and having problems walking; lumpy masses still inflammed, and I'm Depressed x 10 !!!

5-7-06 can't control my emotions and I'm Depressed x 10 — having problems walking due to (R) Knee, Back & thigh hurting; I felt my Liver area and something in there is swollen and harder than normal; Lumpy masses on back inflammed, and I've had a few muscles try to seize up or knott up on me. whatever! meds not working on Pain...

5-8-06 I am going through mood swings, Depressed x 10 and can't function around people; very fearful... I'm Anxious and not able to sleep long... Pain in (R) Shoulder/Arm, Lumpy masses still inflammed and throbbing. (R) Knee/hip/Back hurting bad!

5-9-06 Depressed, Tired, don't want to be around people... In Pain (R) Arm/Shoulder, Back/thigh Knee — meds not reducing Pain...

5-13-06 Same as yesterday, Pain in hip, Back and knee, shoulders are also giving me pain... Lumpy masses still swelling and throbbing...

5-14-06 I am Depressed, anxious and feeling very frustrated as I can't get medical Attention or adequate, meaningful, and effective pain relief for my Arthritis, Knee and hip/Back pain...

5-15-06 Same as yesterday — Depressed/Pain everywhere. flashbacks...

5-17-06 I'm getting tired of writing same thing down every day; it never seems to change; no relief in sight! Depressed, lumpy masses bothering me and pain in shoulders, (R) knee, hip/Back...

5-18-06 I'm very Depressed and tired, no energy. Pain in (R) knee, Hip/Back and Shoulders not going away. my walking is impaired my mobility is impaired, and my Attitude sucks —

Pg. 38 5-19-06 Same as All Year — This sucks

5-11-06 Feeling very Nausiated and my (R) side Liver Area is hurting... meds not working...

5-12-06 Experiencing sharp shooting pains from my (R) hip down into my thigh; I'm unable to bend at the waist and then straighten up normally. my knee is in pain and I'm unable to walk normally... going to Nurse Line today to talk about pain management in Leg and Shoulders... Shoulders are daily giving me shooting pain, but my right arm and shoulder is excrutiating and throbbing, shooting pain that has not been reduced by any of the medications given me...

0815 went to Nurses Line and explained pain I was suffering from, she scheduled me for Doctor's Appointment early next week and she submitted request for Lower bunk/Lower tier Chrono and Cane chrono, and gave me temporary cane to walk with... she would not help with meds., but I'll talk with doc. about it. I returned from clinic at about 1000 hours.

5-25-06 Pain in shoulders, (R) Knee, hip, and Back. impaired movement and walking. very depressed (7 on scale)...... feel frustrated and Anxious in my heart, my Heart is hurt and sick feeling because my hope deferred has made my Heart SICK... Helpless, Post Trauma experiences Dreams, Flashbacks persistent every day!

5-26-06 Knee/Back/hip and shoulder pain persistant and medications given are ineffective. my ability to move, walk, ect. is highly impaired.... Shoulder pain still persistant and when moved I get severe pain disabling my movement Alltogether... Depression, heart sick, and Dreams and Flashbacks persistant and I'm ~~staying~~ isolating myself more and more... Having problem being around people! I feel fearful of people all the time!

5-27-06 Depressed, fearful, frustrated, ~~feel~~ feelings of everything is useless, isolating self; Pretty much same as everything I said yesterday. Pain persists everywhere!!! This sucks!

5-21-06 Depressed, my heart is sick — I'm constipated, I'm in pain and frustrated; Flashbacks! ...

5-22-06 I am constipated, Depressed, ANXious, and my heart is sick to death of all the hope deferred... I feel terrible because it's all added to my pain that's physical in my shoulder's (R) Knee, hip & Back, and Lumpy masses still swelling...

5-23-06 I'm very constipated, I tried to go to toilet and couldn't... forced my stools out, and, I am bleeding red and thick dark blood, stools have blood in them, some stools light brown, some are ashey in color with brown mixed in... All have blood... I'm depressed, in pain in my shoulders limited mobility, Knee hip and back, Right side in pain...

5-24-06 I'm in pain in my (R) shoulder, less so left shoulder, (R) Knee, Hip, and back — very depressed (7) on scale of 1-10 — can't seem to function with people... can't be around them! — . —

6-6-06 Depressed, in pain in shoulders, (R) Knee, Blood in stools —

6-7-06 Anxious/Depressed and hurt in Knee and Shoulders ~

6-8-06 Frustrated feeling everythings useless, Depressed and in pain — Liver area feels inflammed and bumpy (R) Lower side — constipated —

6-9-06 Depressed — in Pain — constipated

~~missed logging~~

6-14-06 I feel Lonely, Depressed, sore in (R) Knee, shoulders in pain, Stomach in pain; I had Both softened stools and Runny stools — feel Better in stomach now... Depressed — whatever!